An 82-year-old woman is hospitalized in a busy tertiary care hospital due to fever and shortness of breath. The patient has a history of chronic obstructive pulmonary disease. She is diagnosed with pneumonia and started on empiric antibiotic therapy overnight by the admitting physician. After several days of treatment, the patient's condition deteriorates, and she is transferred to the intensive care unit. Sputum cultures were obtained on admission, but the results were not checked by the daytime team, resulting in a delay in initiating more specific antibiotic treatment. Which of the following interventions would be most effective to prevent this type of medical error?

A. Decrease the required patient caseload for physicians

B. Increase frequency of team meetings to discuss critically ill patients

C. Obtain infectious disease consultation

D. Require more detailed sign-out notes

E. Use standardized patient handoffs

Submit

An 82-year-old woman is hospitalized in a busy tertiary care hospital due to fever and shortness of breath. The patient has a history of chronic obstructive pulmonary disease. She is diagnosed with pneumonia and started on empiric antibiotic therapy overnight by the admitting physician. After several days of treatment, the patient's condition deteriorates, and she is transferred to the intensive care unit. Sputum cultures were obtained on admission, but the results were not checked by the daytime team, resulting in a delay in initiating more specific antibiotic treatment. Which of the following interventions would be most effective to prevent this type of medical error?

A. Decrease the required patient caseload for physicians (5%)

B. Increase frequency of team meetings to discuss critically ill patients (12%)

C. Obtain infectious disease consultation (2%)

D. Require more detailed sign-out notes (12%)

✓ E. Use standardized patient handoffs (67%)

Omitted
Correct answer
E

67%
Answered correctly

04 secs
Time Spent

04/05/2020
Last Updated

Explanation

In the hospital setting, multiple providers will assume responsibility for a patient's care at different times of the day, which can result in discontinuity of care. As a result, patients are at higher risk of adverse outcomes when providers do not communicate well during transitions. The process of transferring responsibility for medical care is referred to as a patient handoff, with "sign-out" referring to the process of transmitting information about the patient and needed follow-up care. Oversights and **communication failures** during the sign-out and handoff process have been linked to **adverse events** in a range of hospital settings. Omission of key information during handoffs can result in medication errors, avoidable

In the hospital setting, multiple providers will assume responsibility for a patient's care at different times of the day, which can result in discontinuity of care. As a result, patients are at higher risk of adverse outcomes when providers do not communicate well during transitions. The process of transferring responsibility for medical care is referred to as a patient handoff, with "sign-out" referring to the process of transmitting information about the patient and needed follow-up care. Oversights and **communication failures** during the sign-out and handoff process have been linked to **adverse events** in a range of hospital settings. Omission of key information during handoffs can result in medication errors, avoidable escalations in care (eg, transfer to the intensive care unit), redundancies in care, and delays in diagnosis or treatment.

Standardized handoffs that include specified key elements (eg, a systematic procedure for sign-out, checklists of tasks that need to be completed) have been shown to significantly **reduce preventable adverse events**.

(Choices A and B) Reducing patient caseloads and increasing the frequency of team meetings to discuss critically ill patients can both provide more time for physicians to communicate patient care information. However, these interventions would not ensure that critical information is transmitted consistently between providers.

(Choice C) Consulting an infectious disease specialist would help ensure correct antibiotic treatment and could be appropriate in this patient depending on the clinical scenario and/or culture results. However, this intervention is not cost-effective for every patient and therefore would not be the most effective intervention.

(Choice D) Requiring more detailed sign-out notes provides more information on each patient but decreases efficiency and increases the probability that important details will be overlooked. Applying a systematic organization method to sign-out notes is a more effective strategy to ensure that essential tasks are not neglected.

Educational objective:
Communication failures between physicians during patient handoffs are a major cause of medical errors and can be reduced by use of a standardized handoff process including systematic sign-out notes.

References

- Rates of medical errors and preventable adverse events among hospitalized children following implementation of a resident handoff bundle.
- Changes in medical errors after implementation of a handoff program.

Behavioral science Social Sciences (Ethics/Legal/Professional) Medical errors

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Behavioral science	Social Sciences (Ethics/Legal/Professional)	Medical errors
Subject	System	Topic

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A 40-year-old woman comes to the office due to new-onset genital lesions. On examination, she is found to have several genital warts in her vaginal area. Testing for sexually transmitted infections is otherwise negative. The patient admits to having a brief extramarital affair while traveling for business. The following week, the physician receives a phone call from the patient's husband, who is not a patient in the practice. He knows his wife was recently seen and would like information regarding her health as he is concerned about his physical symptoms. Which of the following would be the most appropriate response by the physician?

A. "Can I speak with your wife to obtain a verbal release of information?"

B. "I will need proof of your identity prior to disclosing information."

C. "If your spouse is a patient here, she would have to provide a release of information."

D. "Is your wife aware that you are calling for her health information?"

E. "What kind of symptoms are you experiencing?"

Submit

A 40-year-old woman comes to the office due to new-onset genital lesions. On examination, she is found to have several genital warts in her vaginal area. Testing for sexually transmitted infections is otherwise negative. The patient admits to having a brief extramarital affair while traveling for business. The following week, the physician receives a phone call from the patient's husband, who is not a patient in the practice. He knows his wife was recently seen and would like information regarding her health as he is concerned about his physical symptoms. Which of the following would be the most appropriate response by the physician?

A. "Can I speak with your wife to obtain a verbal release of information?" (6%)

B. "I will need proof of your identity prior to disclosing information." (1%)

✓ C. "If your spouse is a patient here, she would have to provide a release of information." (77%)

D. "Is your wife aware that you are calling for her health information?" (3%)

E. "What kind of symptoms are you experiencing?" (11%)

Omitted
Correct answer
C

77%
Answered correctly

02 secs
Time Spent

01/13/2020
Last Updated

Explanation

The **Health Insurance Portability and Accountability Act** (HIPAA) Privacy Rule provides instructions on management of protected health information (PHI). The main goal of HIPAA is protection of **patient privacy and confidentiality**. A physician can respond to a family member's request for information only if the patient has specifically provided **verbal or written authorization** for release of information to the family member.

Due to public health concerns, notifiable infections (eg, HIV, chlamydia, tuberculosis) are an exception to the Privacy Rule and should be reported to the Centers for Disease Control and Prevention (CDC); many states offer partner notification services by local health departments (rather than

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Due to public health concerns, notifiable infections (eg, HIV, chlamydia, tuberculosis) are an exception to the Privacy Rule and should be reported to the Centers for Disease Control and Prevention (CDC); many states offer partner notification services by local health departments (rather than individual clinicians) to protect patient privacy. However, human papillomavirus infection (eg, genital warts) is not a notifiable infection, and **PHI disclosure without patient consent** (eg, partner notification) would be a **violation of HIPAA**.

(Choice A) Asking the husband to put his wife on the phone to obtain a verbal release of information may inappropriately pressure the patient to consent to disclosure of her personal health information. The patient should be approached privately regarding release of information, which preferably should be obtained in writing.

(Choice B) Requesting proof of the caller's identity is irrelevant as information cannot be released without the patient's authorization. Although HIPAA does not require proof of identity to respond to callers, providers may establish their own rules for verifying identity.

(Choice D) Asking whether the patient's wife is aware that he is calling does not address the issue at hand, which is the requirement for a release of information prior to disclosure of medical information.

(Choice E) It would be inappropriate for the physician to ask the patient's husband about his physical symptoms as they do not have a patient-doctor relationship at this time. Furthermore, discussing these symptoms may inadvertently violate the patient's confidentiality. Recommending that the husband seek medical evaluation for his symptoms would be reasonable.

Educational objective:
The Health Insurance Portability and Accountability Act protects health information by requiring verbal or written authorization for release of information. Family members who contact the physician for information about their relative should not be given any information about the patient without the patient's consent.

References

- Sexually transmitted disease: a private matter?

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Educational objective:
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References

- Sexually transmitted disease: a private matter?

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient confidentiality
Subject	System	Topic

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References

- Sexually transmitted disease: a private matter?

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient confidentiality
Subject	System	Topic

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A 36-year-old woman with well-controlled asthma and hypothyroidism comes to the office to review recent thyroid function tests with her primary care physician. She has been his patient for the past 8 years. During the visit, she mentions that she is recently divorced and has had difficulty meeting "smart and interesting" men. The patient, noticing the physician is not wearing a wedding ring, asks if he is single. The physician responds, "Yes, why do you ask?" The patient replies that she was wondering whether he would consider going out for dinner now that they are both single. The physician has always found the patient attractive and would like to accept the invitation. Which of the following is the most appropriate response to the patient's request?

A. Accept the invitation as it was the patient, not the physician, who initiated it

B. Accept the invitation as the romantic interest is mutual

C. Accept the invitation but suggest that the patient change providers if she is uncomfortable continuing under his care

D. Decline the invitation, explaining that going on a date with her would be unethical

E. Decline the invitation, explaining that it is inappropriate for the patient to ask for a date

F. Decline the invitation, explaining that the physician-patient relationship must be terminated before going on a date

Submit

A 36-year-old woman with well-controlled asthma and hypothyroidism comes to the office to review recent thyroid function tests with her primary care physician. She has been his patient for the past 8 years. During the visit, she mentions that she is recently divorced and has had difficulty meeting "smart and interesting" men. The patient, noticing the physician is not wearing a wedding ring, asks if he is single. The physician responds, "Yes, why do you ask?" The patient replies that she was wondering whether he would consider going out for dinner now that they are both single. The physician has always found the patient attractive and would like to accept the invitation. Which of the following is the most appropriate response to the patient's request?

- A. Accept the invitation as it was the patient, not the physician, who initiated it (0%)
- B. Accept the invitation as the romantic interest is mutual (0%)
- C. Accept the invitation but suggest that the patient change providers if she is uncomfortable continuing under his care (0%)
- ✓ D. Decline the invitation, explaining that going on a date with her would be unethical (64%)
- E. Decline the invitation, explaining that it is inappropriate for the patient to ask for a date (1%)
- F. Decline the invitation, explaining that the physician-patient relationship must be terminated before going on a date (32%)

Omitted
Correct answer
D

64%
Answered correctly

02 secs
Time Spent

01/29/2020
Last Updated

Explanation

A romantic or sexual **relationship** between a physician and a **current patient** (as in this scenario) is always considered **unethical** due to potential exploitation and/or interference with the physician's objective clinical judgment. Such a relationship may be ethically acceptable provided the physician-patient relationship is terminated well before initiating a personal relationship. However, it would also be inappropriate to suggest

Explanation

A romantic or sexual **relationship** between a physician and a **current patient** (as in this scenario) is always considered **unethical** due to potential exploitation and/or interference with the physician's objective clinical judgment. Such a relationship may be ethically acceptable provided the physician-patient relationship is terminated well before initiating a personal relationship. However, it would also be inappropriate to suggest termination of the physician-patient relationship solely for the purposes of dating, as physician-patient continuity is associated with better patient outcomes; furthermore, the patient should not be forced to choose between having the physician be a treatment provider or a romantic partner **(Choices C and F)**.

Of note, relationships between physicians and current or prior psychiatric patients are always unethical due to the nature of evaluation and treatment, which include discussion of sensitive information and recognition of psychological vulnerabilities.

(Choices A and B) Romantic and sexual relationships with current patients are unacceptable regardless of who initiates them or whether there is mutual interest.

(Choice E) This statement is unnecessarily critical and may make the patient feel embarrassed or ashamed.

Educational objective:
Romantic and sexual relationships with current patients as well as former psychiatric patients are always unethical. Relationships with former non-psychiatric patients may be acceptable provided the physician-patient relationship is terminated well beforehand.

References

- Boundaries in the doctor-patient relationship.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Professional conduct
Subject	System	Topic

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A 46-year-old man comes to the emergency department with chest pain that began 30 minutes ago. The patient describes the pain as a tight, squeezing sensation that radiates to the left arm. He also has increased sweating and nausea. ECG shows multi-lead ST-segment elevation, and cardiac troponin levels are high. The patient has a history of alcohol and cocaine abuse, but no history of cardiac disease. He undergoes emergency cardiac catheterization and is recovering appropriately in the postanesthetic care unit. The physician is approached by a distraught woman who says she is the patient's wife and asks about his condition. She says, "I am so worried; please tell me if my husband is okay." Which of the following is the most appropriate course of action?

A. Discuss the patient's medical information with the woman due to the seriousness of his condition

B. Discuss the patient's status with the woman only if she has appropriate identification

C. Explain to the woman that no information can be disclosed without the patient's permission

D. Explain to the woman that the patient's status cannot be disclosed as there is no way to be sure she is his spouse

E. Tell the woman that the patient is stable, but that further details will have to wait until the patient can give permission

Submit

A 46-year-old man comes to the emergency department with chest pain that began 30 minutes ago. The patient describes the pain as a tight, squeezing sensation that radiates to the left arm. He also has increased sweating and nausea. ECG shows multi-lead ST-segment elevation, and cardiac troponin levels are high. The patient has a history of alcohol and cocaine abuse, but no history of cardiac disease. He undergoes emergency cardiac catheterization and is recovering appropriately in the postanesthetic care unit. The physician is approached by a distraught woman who says she is the patient's wife and asks about his condition. She says, "I am so worried; please tell me if my husband is okay." Which of the following is the most appropriate course of action?

- A. Discuss the patient's medical information with the woman due to the seriousness of his condition (1%)
- B. Discuss the patient's status with the woman only if she has appropriate identification (7%)
- C. Explain to the woman that no information can be disclosed without the patient's permission (22%)
- D. Explain to the woman that the patient's status cannot be disclosed as there is no way to be sure she is his spouse (1%)
- ✓ E. Tell the woman that the patient is stable, but that further details will have to wait until the patient can give permission (67%)

Omitted
Correct answer
E

67%
Answered correctly

02 secs
Time Spent

02/17/2020
Last Updated

Explanation

While this patient is undergoing emergency treatment for acute myocardial infarction, a woman who claims to be his wife arrives at the hospital and asks about his medical condition. The Health Insurance Portability and Accountability Act **(HIPAA)** is designed to **protect patient privacy**. This **requires** the patient's explicit **consent** (or lack of objection when given the opportunity) **to share medical information** with others, including family and friends.

While this patient is undergoing emergency treatment for acute myocardial infarction, a woman who claims to be his wife arrives at the hospital and asks about his medical condition. The Health Insurance Portability and Accountability Act **(HIPAA)** is designed to **protect patient privacy**. This **requires** the patient's explicit **consent** (or lack of objection when given the opportunity) **to share medical information** with others, including family and friends.

When the patient is **incapacitated** or is not present, **basic information can be shared** if, in the physician's professional judgment, doing so is in the patient's **best interest**. In this case, there is no way of knowing for sure whether informing this woman (whether she is his wife or not) is in the patient's best interest. However, the woman is distressed, and leaving her to worry for an extended period while the patient is recovering could cause the patient emotional harm if she is indeed family. The best approach to protect the patient's privacy is to explain that he is stable, but that further information (including general diagnostic and treatment information) cannot be shared until he is asked for and provides consent.

(Choice A) This discussion would violate the patient's privacy.

(Choices B and D) This patient has not given permission to release information to the presumed wife, even if she provides identification or marital status is confirmed. For instance, the patient could be undergoing a contentious divorce and not want any information released to his wife. HIPAA does not require proof of identity if the patient has given permission to share information.

(Choice C) Providing minimal information that the patient is "stable" would be appropriate. This response protects the patient's privacy by not revealing the diagnosis or other medical details, but also limits emotional harm to the patient by informing those who are likely to be family about the patient's condition. If permission to share information is obtained later, the physician should ask the patient whether he prefers that potentially sensitive details be omitted (eg, if the myocardial infarction was due to cocaine use and the patient did not want this revealed).

Educational objective:
Under the Health Insurance Portability and Accountability Act, physicians may disclose patient information to friends and family members in emergency situations or when the patient is otherwise incapacitated, depending on what is in the best interest of the patient. Otherwise, patient information may be disclosed only when the patient gives explicit permission or does not object when given a reasonable opportunity.

References

- HIPAA and talking with family caregivers: what does the law really say?
- Patients' confidentiality.

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This **requires** the patient's explicit **consent** (or lack of objection when given the opportunity) **to share medical information** with others, including family and friends.

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References

- HIPAA and talking with family caregivers: what does the law really say?
- Patients' confidentiality.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient confidentiality
Subject	System	Topic

A 56-year-old man comes to the office for follow-up of type 2 diabetes mellitus. He has an extensive family history of complicated type 2 diabetes, and multiple family members have required lower extremity amputations for nonhealing ulcers. The patient has tried multiple oral medications and his most recent hemoglobin A1c is 9.6%. He is now being considered for basal insulin therapy. After an extended discussion of injection technique, the patient tells the clinician that he does not want to initiate insulin. He says, "My diabetes is my own fault. My mother always said I was too fat and was going to get diabetes like my dad. Maybe if I stop eating too much, I wouldn't have to waste your time giving me insulin." Which of the following is the most appropriate response to this patient's statement?

A. "Insulin is the best option for your diabetes right now, and we can work on weight loss later."

B. "It is common for people with diabetes to eventually need insulin. That doesn't mean it is your fault."

C. "It seems you are becoming frustrated with your health. Do you feel like you may be depressed?"

D. "You should never feel like you are wasting my time. Helping patients get better is what makes me happy."

E. "You shouldn't blame yourself. Your family history is not something you can control."

Submit

A 56-year-old man comes to the office for follow-up of type 2 diabetes mellitus. He has an extensive family history of complicated type 2 diabetes, and multiple family members have required lower extremity amputations for nonhealing ulcers. The patient has tried multiple oral medications and his most recent hemoglobin A1c is 9.6%. He is now being considered for basal insulin therapy. After an extended discussion of injection technique, the patient tells the clinician that he does not want to initiate insulin. He says, "My diabetes is my own fault. My mother always said I was too fat and was going to get diabetes like my dad. Maybe if I stop eating too much, I wouldn't have to waste your time giving me insulin." Which of the following is the most appropriate response to this patient's statement?

- A. "Insulin is the best option for your diabetes right now, and we can work on weight loss later." (4%)
- ✓ B. "It is common for people with diabetes to eventually need insulin. That doesn't mean it is your fault." (55%)
- C. "It seems you are becoming frustrated with your health. Do you feel like you may be depressed?" (12%)
- D. "You should never feel like you are wasting my time. Helping patients get better is what makes me happy." (15%)
- E. "You shouldn't blame yourself. Your family history is not something you can control." (11%)

Omitted
Correct answer
B

55%
Answered correctly

02 secs
Time Spent

05/06/2020
Last Updated

Explanation

Counseling patients in treatment failure	
Provide information	• Natural history of condition • Need for second-line or add-on therapy

Counseling patients in treatment failure	
Provide information	• Natural history of condition • Need for second-line or add-on therapy • Treatment failure does not represent personal failure
Facilitate decisions	• Pros & cons of available treatment options • Management choices that respect patient preferences & priorities • Plan for follow-up to determine treatment response

Failure of oral medications is common in long-standing **type 2 diabetes mellitus** due to **progressive loss of pancreatic beta cell function**. Basal insulin therapy is often necessary, especially when multiple agents have failed or when a patient has a hemoglobin A1c >9%.

It is common for patients to have reservations about initiating insulin due to treatment complexity, risk of hypoglycemia, or injection pain. However, this patient is expressing concern that the failure of oral agents represents a **personal inadequacy**; in other words, he thinks that his diabetes is uncontrolled because he has failed to follow lifestyle recommendations (ie, diet).

In counseling patients with treatment failure, especially those who have overpersonalized their medical condition, it is appropriate to review the **natural history** of the condition. In this case, the clinician should explain that type 2 diabetes is a progressive disorder and that **escalating treatment regimens** are often the norm. Lifestyle factors (eg, diet, weight loss) should not be neglected but should be discussed in a compassionate, nonjudgmental way, and self-blame should not be encouraged.

(Choice A) Although the clinician should assist the patient in developing weight loss strategies, this patient's hesitation in initiating insulin is primarily related to guilt and self-worth. Once the psychosocial aspects of treatment are addressed, weight loss counseling is likely to be more fruitful.

(Choice C) This patient's frustrations pertain to diabetes and insulin. Once that issue is addressed, if the patient has additional concerns or depressive symptoms in other domains, a more detailed depression assessment could be performed.

(Choice D) This response conveys empathy but diverts attention from the patient to the provider. Such a statement might be appropriate as a cheerful and to the conversation but is not an effective way to initiate further discussion.

	• Plan for follow-up to determine treatment response

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(Choice D) This response conveys empathy but diverts attention from the patient to the provider. Such a statement might be appropriate as a cheerful end to the conversation but is not an effective way to initiate further discussion.

(Choice E) This patient's feelings of guilt may be related to his family background, but his concerns focus specifically on his lifestyle habits and diabetic control rather than genetic factors in the etiology of diabetes.

Educational objective:
Failure of oral medications is common in long-standing type 2 diabetes mellitus due to progressive loss of pancreatic beta cell function. Patients should be counseled that because of the natural history of the condition, the need for supplemental insulin is common and does not represent a personal failure.

It is common for patients to have reservations about initiating insulin due to treatment complexity, risk of hypoglycemia, or injection pain. However, this patient is expressing concern that the failure of oral agents represents a **personal inadequacy**; in other words, he thinks that his diabetes is uncontrolled because he has failed to follow lifestyle recommendations (ie, diet).

In counseling patients with treatment failure, especially those who have overpersonalized their medical condition, it is appropriate to review the **natural history** of the condition. In this case, the clinician should explain that type 2 diabetes is a progressive disorder and that **escalating treatment regimens** are often the norm. Lifestyle factors (eg, diet, weight loss) should not be neglected but should be discussed in a compassionate, nonjudgmental way, and self-blame should not be encouraged.

(Choice A) Although the clinician should assist the patient in developing weight loss strategies, this patient's hesitation in initiating insulin is primarily related to guilt and self-worth. Once the psychosocial aspects of treatment are addressed, weight loss counseling is likely to be more fruitful.

(Choice C) This patient's frustrations pertain to diabetes and insulin. Once that issue is addressed, if the patient has additional concerns or depressive symptoms in other domains, a more detailed depression assessment could be performed.

(Choice D) This response conveys empathy but diverts attention from the patient to the provider. Such a statement might be appropriate as a cheerful end to the conversation but is not an effective way to initiate further discussion.

(Choice E) This patient's feelings of guilt may be related to his family background, but his concerns focus specifically on his lifestyle habits and diabetic control rather than genetic factors in the etiology of diabetes.

Educational objective:
Failure of oral medications is common in long-standing type 2 diabetes mellitus due to progressive loss of pancreatic beta cell function. Patients should be counseled that because of the natural history of the condition, the need for supplemental insulin is common and does not represent a personal failure.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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An intern attends a local dinner party and recognizes a colleague who works at the same hospital in another department. During the course of the evening, she observes her colleague responding to a number of routine medical calls from the hospital and consuming several alcoholic drinks. Later that evening, the physician notices that her colleague is giving medication orders over the phone and appears grossly intoxicated with slurred speech. The physician confronts her colleague, asking him to transfer on-call responsibilities for the sake of patient care. He insists that he is fine, is not drunk, and that his duties end in 30 minutes anyway. Which of the following is the most appropriate course of action?

A. Contact the colleague's on-call supervisor to report the problem now

B. Do not intervene as the colleague has already been confronted and the shift ends soon

C. Do not intervene as there is no clear evidence of patient harm

D. Do not intervene as this is the first instance of witnessing impaired behavior

E. Report the incident to the hospital's physician health program

F. Report the physician to the state medical board

Submit

An intern attends a local dinner party and recognizes a colleague who works at the same hospital in another department. During the course of the evening, she observes her colleague responding to a number of routine medical calls from the hospital and consuming several alcoholic drinks. Later that evening, the physician notices that her colleague is giving medication orders over the phone and appears grossly intoxicated with slurred speech. The physician confronts her colleague, asking him to transfer on-call responsibilities for the sake of patient care. He insists that he is fine, is not drunk, and that his duties end in 30 minutes anyway. Which of the following is the most appropriate course of action?

- ✓ A. Contact the colleague's on-call supervisor to report the problem now (89%)
- B. Do not intervene as the colleague has already been confronted and the shift ends soon (0%)
- C. Do not intervene as there is no clear evidence of patient harm (0%)
- D. Do not intervene as this is the first instance of witnessing impaired behavior (0%)
- E. Report the incident to the hospital's physician health program (7%)
- F. Report the physician to the state medical board (2%)

Omitted
Correct answer
A

89%
Answered correctly

02 secs
Time Spent

06/13/2020
Last Updated

Explanation

Physicians are **ethically and legally obligated** to **report impaired colleagues** in a timely manner. This physician is in the uncomfortable position of knowing that a colleague is intoxicated while on duty. Although it is unclear whether this is a one-time occurrence or part of a pattern of more extensive impairment, the physician is obligated to intervene immediately because patient safety is at risk. The colleague's immediate supervisor should be informed so that the situation can be dealt with as quickly as possible.

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Explanation

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Risks of not intervening include harm to patients and failure to obtain necessary evaluation and treatment for the physician, which can negatively impact his health, career, and family. Most hospitals and state medical boards have regulations requiring physicians to report impaired colleagues. This can usually be done anonymously. In a **non-emergency situation**, a person should **contact** the designated hospital committee, commonly called a **physician health program (Choice E)**. If this is not possible or such a body does not exist, then the **state licensing board** should be contacted **(Choice F)**. It is the committee or board's responsibility to systematically gather all the facts and arrange for a comprehensive assessment and intervention if necessary.

(Choice B) The physician confronted the colleague with no response, and harm can still be done to a patient in 30 minutes. A claim of confronting a colleague is not a substitute for reporting the incident.

(Choices C and D) Witnessing the physician's on-duty intoxicated behavior is sufficient reason to intervene as patient care may be in jeopardy. Whether there is direct evidence of harm or the physician has an established pattern of problem behavior is irrelevant.

Educational objective:
Physicians are ethically and legally obligated to report impaired colleagues in a timely manner. Reporting protects patient safety and can assist the impaired physician in receiving appropriate evaluation and treatment.

References

- Impaired physicians.
- Physicians' willingness to report impaired colleagues.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician misconduct
Subject	System	Topic

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Educational objective:
Physicians are ethically and legally obligated to report impaired colleagues in a timely manner. Reporting protects patient safety and can assist the impaired physician in receiving appropriate evaluation and treatment.

References

- Impaired physicians.
- Physicians' willingness to report impaired colleagues.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician misconduct
Subject	System	Topic

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A 25-year-old woman comes to the office for an initial evaluation of low mood. Since moving to a new apartment 3 weeks ago, the patient has felt sad and has not been sleeping well. She says, "My landlord won't allow pets in the building. I miss my dog so much. I know my mood would improve if I could get a letter from you saying my dog can live with me." The patient's dog is currently staying with her parents, who live a few miles away from her. Which of the following statements by the physician is the most appropriate?

A. "Fortunately, your dog is able to live nearby with your parents; what do you think about spending more time at their house?"

B. "Having your dog may help you feel better temporarily; let's discuss options that would allow you to develop long-term coping skills."

C. "I can see you miss your dog very much; let's start by talking about the mood symptoms you've been experiencing."

D. "It must be difficult not having your dog around; what made you decide to move into an apartment that does not allow pets?"

E. "Not having your dog live with you seems to be causing a lot of distress; I can write a letter for your dog."

Submit

A 25-year-old woman comes to the office for an initial evaluation of low mood. Since moving to a new apartment 3 weeks ago, the patient has felt sad and has not been sleeping well. She says, "My landlord won't allow pets in the building. I miss my dog so much. I know my mood would improve if I could get a letter from you saying my dog can live with me." The patient's dog is currently staying with her parents, who live a few miles away from her. Which of the following statements by the physician is the most appropriate?

A. "Fortunately, your dog is able to live nearby with your parents; what do you think about spending more time at their house?" (1%)

B. "Having your dog may help you feel better temporarily; let's discuss options that would allow you to develop long-term coping skills." (3%)

✓ C. "I can see you miss your dog very much; let's start by talking about the mood symptoms you've been experiencing." (77%)

D. "It must be difficult not having your dog around; what made you decide to move into an apartment that does not allow pets?" (14%)

E. "Not having your dog live with you seems to be causing a lot of distress; I can write a letter for your dog." (2%)

Omitted
Correct answer
C

77%
Answered correctly

01 sec
Time Spent

03/31/2020
Last Updated

Explanation

In this initial patient encounter, the physician is faced with a specific request for an emotional support animal letter but has very limited information. Although physicians should be responsive to a patient's concerns, they should not feel pressured to make a recommendation before fully evaluating the patient. The best approach is to **validate the patient's concerns** and **gather more information** on which to base a decision.

The physician should begin with an empathic comment acknowledging this patient's distress and then obtain a more complete understanding of the situation. This would include obtaining a more detailed description of the patient's mood, evaluation for additional depressive symptoms, and

Explanation

In this initial patient encounter, the physician is faced with a specific request for an emotional support animal letter but has very limited information. Although physicians should be responsive to a patient's concerns, they should not feel pressured to make a recommendation before fully evaluating the patient. The best approach is to **validate the patient's concerns** and **gather more information** on which to base a decision.

The physician should begin with an empathic comment acknowledging this patient's distress and then obtain a more complete understanding of the situation. This would include obtaining a more detailed description of the patient's mood, evaluation for additional depressive symptoms, and medical and psychiatric history as well as an assessment of other psychosocial stressors and the patient's support system. Dismissing the patient's request or coming to a premature decision should be avoided.

(Choice A) This statement fails to acknowledge the patient's distress, avoids addressing her request, and offers specific advice without a full understanding of the situation.

(Choice B) This statement dismisses the patient's immediate concern as unimportant and focuses on long-term strategies. This approach is likely to frustrate the patient and negatively impact the physician-patient relationship.

(Choice D) This statement may make the patient feel defensive about her decision to move. It may be more difficult to do a full assessment if the patient feels judged.

(Choice E) Writing a letter is up to the physician's discretion but should not be done before fully evaluating the patient and documenting appropriately.

Educational objective:
Although physicians should be responsive to patient requests, they should not feel pressured to make a recommendation before fully evaluating the patient. The best approach is to validate the patient's concerns and gather more information.

References

- Patient-centered communication: basic skills.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 65-year-old man is admitted overnight to the hospital with abdominal pain. It is determined that he has an uncomplicated small bowel obstruction that will require surgery in the morning. Temperature is 37 C (98.6 F), blood pressure is 130/82 mm Hg, and pulse is 90/min. The resident meets with the patient and his adult son, who has accompanied him to the hospital, to discuss surgical intervention. After introducing herself, the resident learns that the patient speaks primarily Vietnamese and has limited English proficiency, although his son speaks both Vietnamese and English. The son shares that he is a critical care nurse and offers to interpret the conversation for his father. Which of the following responses to the patient's son is the most appropriate?

A. "I appreciate your offer to interpret; however, I need to get a trained medical interpreter before I start talking with your father."

B. "I'll print out the Vietnamese version of the consent form. It would be helpful if you could interpret any questions your father may have after reading it."

C. "Thank you. That would be very helpful, especially since you are already familiar with medical terminology."

D. "That would make things much easier; could you start by asking your father what his understanding of the situation is?"

E. "That's a kind offer, but I wouldn't be able to have a direct and objective discussion with your father if you interpret it."

Submit

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- ✓ A. "I appreciate your offer to interpret; however, I need to get a trained medical interpreter before I start talking with your father." (78%)
- B. "I'll print out the Vietnamese version of the consent form. It would be helpful if you could interpret any questions your father may have after reading it." (3%)
- C. "Thank you. That would be very helpful, especially since you are already familiar with medical terminology." (1%)
- D. "That would make things much easier; could you start by asking your father what his understanding of the situation is?" (4%)
- E. "That's a kind offer, but I wouldn't be able to have a direct and objective discussion with your father if you interpret it." (12%)

Omitted
Correct answer
A

78%
Answered correctly

02 secs
Time Spent

04/17/2020
Last Updated

Explanation

Communicating with patients who have limited English proficiency	
Initial consent	• Determine patient's primary/preferred language • Obtain consent for interpreter services

Explanation

Communicating with patients who have limited English proficiency	
Initial consent	• Determine patient's primary/preferred language • Obtain consent for interpreter services
Preferred mode of communication	• Interpreter (or provider) fluent in both medical communication & patient's preferred language
Alternate modes*	• Telephonic or remote interpreter service • Nonprovider staff (eg, medical assistant, receptionist) • Family/friends • Written communication

* Not recommended if medical interpreter can be obtained and patient consents

This patient requires surgical intervention and must give appropriate consent before proceeding. However, he has **limited English proficiency** (LEP) and will require language assistance to make informed decisions about his health care. Best practices for medical communication with a patient who has LEP is to use an interpreter (or provider) trained in medical translation in the patient's primary language. Using a **trained medical interpreter** can help avoid potentially dangerous miscommunication, and leads to fewer clinical errors, higher patient satisfaction, and better clinical outcomes. However, using an interpreter or other personnel to provide care is subject to **consent by the patient**.

If a face-to-face interpreter is unavailable, video or telephonic remote translation services should be offered. If the situation is urgent and there is no time to wait for interpretation services, communication should be facilitated by any tools available (eg, friends/family, writing/drawing instruments, bilingual hospital staff); however, these options should not be considered standard procedure in nonemergency situations.

(Choice B) Printing out a Vietnamese language informed consent form would be helpful. However, it does not replace the need for a medical interpreter who can provide details of the procedure and guarantee that the patient's questions are answered thoroughly.

(Choices C and D) Friends and family members are not ideal for language interpretation due to lack of impartiality and possible barriers to open communication regarding sensitive topics (eg, domestic abuse). They may also be unfamiliar with medical terminology and may struggle to accurately convey complex medical information (although this patient's son has medical training). This patient should be offered the services of a

(LEP) and will require language assistance to make informed decisions about his health care. Best practices for medical communication with a patient who has LEP is to use an interpreter (or provider) trained in medical translation in the patient's primary language. Using a **trained medical interpreter** can help avoid potentially dangerous miscommunication, and leads to fewer clinical errors, higher patient satisfaction, and better clinical outcomes. However, using an interpreter or other personnel to provide care is subject to **consent by the patient**.

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(Choices C and D) Friends and family members are not ideal for language interpretation due to lack of impartiality and possible barriers to open communication regarding sensitive topics (eg, domestic abuse). They may also be unfamiliar with medical terminology and may struggle to accurately convey complex medical information (although this patient's son has medical training). This patient should be offered the services of a trained medical translator; family would be used only if the patient declines an outside translator.

(Choice E) Although this statement reflects a potential reason to avoid using family members as interpreters, there is nothing in the family interaction to suggest a lack of objectivity, and such a direct response may be taken as demeaning or insensitive.

Educational objective:
Physicians must ensure the appropriate use of medical interpreters to promote adequate patient understanding and participation in the decision-making process. This is particularly important when obtaining informed consent for treatment.

References

- Interpreters in health care: a concise review for clinicians.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 62-year-old man is referred to a cardiology clinic at a local teaching hospital that serves as the tertiary care center for the surrounding area. The patient suffered a myocardial infarction 2 months ago, and has been sent by his primary physician for management of his blood pressure. While reviewing his medical record, the physician finds that the patient's hypertension has been treated only with verapamil. The patient also takes a daily 81-mg aspirin tablet and a statin. His high-density lipoprotein and low-density lipoprotein levels are within the desired range. The cardiologist is surprised that the primary physician had not placed him on a beta-blocker and/or angiotensin-converting enzyme inhibitor for control of his blood pressure given his history of myocardial infarction. Which of the following is the most appropriate statement to make to the patient?

A. "It is a good thing you came to us when you did. I am concerned that your blood pressure is not being managed appropriately."

B. "Sometimes rural physicians aren't able to keep up with the latest medical research, so it's understandable that we need to make some adjustments to your current medications."

C. "Your primary physician has you taking the wrong blood pressure medications, but we can make some changes now to try and prevent another heart attack."

D. "Your primary physician sent you to me because he is concerned about your blood pressure given your previous heart attacks. Let's see what we can do to optimize your current treatment."

E. "Your primary physician has done a great job managing your other risk factors, but I have no idea why he failed to put you on the appropriate blood pressure medications."

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A. "It is a good thing you came to us when you did. I am concerned that your blood pressure is not being managed appropriately." (2%)

B. "Sometimes rural physicians aren't able to keep up with the latest medical research, so it's understandable that we need to make some adjustments to your current medications." (0%)

C. "Your primary physician has you taking the wrong blood pressure medications, but we can make some changes now to try and prevent another heart attack." (0%)

✓ D. "Your primary physician sent you to me because he is concerned about your blood pressure given your previous heart attacks. Let's see what we can do to optimize your current treatment." (95%)

E. "Your primary physician has done a great job managing your other risk factors, but I have no idea why he failed to put you on the appropriate blood pressure medications." (0%)

Omitted
Correct answer
D

95%
Answered correctly

02 secs
Time Spent

03/28/2020
Last Updated

Explanation

The primary physician has instituted proper cholesterol and antiplatelet therapy and has referred the patient for more specialized care of his

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The primary physician has instituted proper cholesterol and antiplatelet therapy and has referred the patient for more specialized care of his hypertension. For unclear reasons, the primary physician placed the patient on a calcium channel blocker for his hypertension despite the evidence that beta-blockers and angiotensin-converting enzyme (ACE) inhibitors help improve outcomes after myocardial infarction. Calcium channel blockers (eg, verapamil) are potent and effective anti-hypertensives with anti-anginal properties, but they do not provide an additional mortality benefit for patients with myocardial infarction.

Although the primary physician has not used a beta-blocker or ACE inhibitor, this physician has administered an acceptable medication that is within the standard of care for individuals with hypertension. Furthermore, the primary physician is seeking specialist assistance in managing the patient's hypertension, which implies that the physician cares about optimizing this patient's management. In situations in which one physician disagrees with another's practices (but that physician's practices are within the standard of care), it is inappropriate and unprofessional to undermine that physician's judgment during discussions with the patient.

(Choices A, B, C, and E) These choices could undermine the patient's confidence in his primary physician, damaging the doctor-patient relationship. The best way to handle this situation is to privately discuss the patient with the referring physician to understand the reasons for past treatment decisions and explain the reasoning behind the suggested changes in management. The primary physician's actions should be criticized in front of the patient only if the physician has been grossly negligent or provided treatment well outside of the acceptable standard of care.

Educational objective:
When treating patients who have been referred for specialty care or a second opinion, it is imperative to not undermine the patient's relationship with the primary physician. A physician should avoid making negative comments about the quality of care rendered by that practitioner unless practices are imminently dangerous or far outside acceptable standards of care.

References

- Beta-blocker underuse in secondary prevention of myocardial infarction.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Professional conduct
Subject	System	Topic

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A 33-year-old woman is transferred to the university medical center from a small community hospital due to acute pyelonephritis with sepsis. She has a history of recurrent urinary tract infections due to urinary retention related to a spinal cord injury in childhood. On arrival, the patient is febrile and lethargic. She provides no additional history, and the only information available is from poorly legible handwritten notes from the originating hospital. The patient is admitted to the intensive care unit with orders to give imipenem and vancomycin. Overnight, the patient develops a rash and severe respiratory distress requiring brief mechanical ventilation. The following morning, a transcribed physician note from the originating hospital arrives by fax and indicates that the patient has an allergy to multiple antibiotics, including imipenem. When discussing events with the patient and her family, which of the following statements is associated with reduced malpractice liability for the treating clinician?

A. "As your attending physician, this mistake is my fault. I take full responsibility."

B. "I am so sorry an error led to your allergic reaction. I will do my best to help you through it."

C. "There are things you can do to prevent problems like this. I recommend you get an allergy alert bracelet."

D. "Unfortunately, modern antibiotics can have serious side effects. But I am glad to see you are doing better."

E. "Unfortunately, we did not get information about your medication allergy yesterday. That is why you received the wrong antibiotic."

Submit

A 33-year-old woman is transferred to the university medical center from a small community hospital due to acute pyelonephritis with sepsis. She has a history of recurrent urinary tract infections due to urinary retention related to a spinal cord injury in childhood. On arrival, the patient is febrile and lethargic. She provides no additional history, and the only information available is from poorly legible handwritten notes from the originating hospital. The patient is admitted to the intensive care unit with orders to give imipenem and vancomycin. Overnight, the patient develops a rash and severe respiratory distress requiring brief mechanical ventilation. The following morning, a transcribed physician note from the originating hospital arrives by fax and indicates that the patient has an allergy to multiple antibiotics, including imipenem. When discussing events with the patient and her family, which of the following statements is associated with reduced malpractice liability for the treating clinician?

A. "As your attending physician, this mistake is my fault. I take full responsibility." (24%)

✓ B. "I am so sorry an error led to your allergic reaction. I will do my best to help you through it." (49%)

C. "There are things you can do to prevent problems like this. I recommend you get an allergy alert bracelet." (2%)

D. "Unfortunately, modern antibiotics can have serious side effects. But I am glad to see you are doing better." (1%)

E. "Unfortunately, we did not get information about your medication allergy yesterday. That is why you received the wrong antibiotic." (21%)

Omitted
Correct answer
B

49%
Answered correctly

02 secs
Time Spent

03/30/2020
Last Updated

Explanation

Reducing malpractice liability from treatment complications	
	Acknowledge errors openly

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Reducing malpractice liability from treatment complications	
Initial disclosure	• Acknowledge errors openly • Do not hide errors or other relevant factors • Express empathy and give apology as appropriate • Avoid blaming or denigrating other team members and providers • Allow adequate opportunity for patient questions
Follow-up steps	• Remain engaged in the patient's care • Outline steps to prevent future occurrence

This patient experienced a severe medication allergy with respiratory distress. Although key information did not accompany the patient at the time of transfer, this event was likely preventable. In cases where important information is missing or incomplete, clinicians have a duty to obtain the information as soon as possible. Because of the harm done to the patient, this clinician is at risk for a **medical malpractice claim**.

Most patients who experience complications, even avoidable complications, do not initiate a malpractice lawsuit. Patients who sue providers are typically not driven by financial rewards, but are more likely to be motivated by **anger**, **distrust**, or a feeling that the **clinician is not concerned** for their well-being. Often, patients report poor communication from the provider and file a lawsuit simply to get a better understanding of what happened.

When speaking with a patient following a medical error, clinicians should directly and honestly **discuss that an error occurred**; concealing an error can appear dishonest and generate anger if the error is later discovered. The conversation should allow opportunity for the patient to ask **questions**, and answers should be given with language that the patient can understand. A **plan to rectify the error** should be provided. The provider should then convey **concern** for the patient and remain engaged with the patient's care until the issue has been resolved.

(Choice A) Many experts recommend an apology be made to the patient following an error. However, specific blame (including self-blame) is not necessary and may make defending a claim more difficult later.

(Choice C) This statement does not acknowledge that an error occurred and may be taken as blaming the patient. Plans for future prevention should generally come after an open discussion of the initial error.

Most patients who experience complications, even avoidable complications, do not initiate a malpractice lawsuit. Patients who sue providers are typically not driven by financial rewards, but are more likely to be motivated by **anger**, **distrust**, or a feeling that the **clinician is not concerned** for their well-being. Often, patients report poor communication from the provider and file a lawsuit simply to get a better understanding of what happened.

When speaking with a patient following a medical error, clinicians should directly and honestly **discuss that an error occurred**; concealing an error can appear dishonest and generate anger if the error is later discovered. The conversation should allow opportunity for the patient to ask **questions**, and answers should be given with language that the patient can understand. A **plan to rectify the error** should be provided. The provider should then convey **concern** for the patient and remain engaged with the patient's care until the issue has been resolved.

(Choice A) Many experts recommend an apology be made to the patient following an error. However, specific blame (including self-blame) is not necessary and may make defending a claim more difficult later.

(Choice C) This statement does not acknowledge that an error occurred and may be taken as blaming the patient. Plans for future prevention should generally come after an open discussion of the initial error.

(Choice D) This statement conveys superficial concern but does not acknowledge the error and is likely to be seen as detached or blasé on the part of the clinician.

(Choice E) Although factually correct, this statement conveys no empathy for the patient. It also deflects blame to the referring provider, which often generates distrust toward all of the involved parties.

Educational objective:
When speaking with a patient following a medical error, clinicians should directly discuss the error. The conversation should allow opportunity for the patient to ask questions. A plan to rectify the error should be provided. Finally, the provider should convey concern for the patient and remain engaged with the patient's care.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 48-year-old deaf man comes to the office for a new patient visit. The patient recently moved to the area and is accompanied by a friend with whom he communicates using American Sign Language. The office staff informs the physician that the patient has also been communicating by reading lips, using gestures, and nodding his head in agreement. At the start of the appointment, the friend says that the patient has asthma and uses an inhaler as needed. The patient gives the physician a handwritten note indicating that he would like to try a longer-acting inhaler. Which of the following is the most appropriate next step in evaluation of this patient?

A. Ask the patient's friend to continue providing interpretation

B. Continue the evaluation through written communication

C. Obtain further history by having the patient fill out a detailed form

D. Speak slowly and enunciate to allow the patient to read lips

E. Use a qualified American Sign Language interpreter

Submit

A 48-year-old deaf man comes to the office for a new patient visit. The patient recently moved to the area and is accompanied by a friend with whom he communicates using American Sign Language. The office staff informs the physician that the patient has also been communicating by reading lips, using gestures, and nodding his head in agreement. At the start of the appointment, the friend says that the patient has asthma and uses an inhaler as needed. The patient gives the physician a handwritten note indicating that he would like to try a longer-acting inhaler. Which of the following is the most appropriate next step in evaluation of this patient?

- A. Ask the patient's friend to continue providing interpretation (2%)
- B. Continue the evaluation through written communication (9%)
- C. Obtain further history by having the patient fill out a detailed form (3%)
- D. Speak slowly and enunciate to allow the patient to read lips (4%)
- ✓ E. Use a qualified American Sign Language interpreter (79%)

Omitted
Correct answer
E

79%
Answered correctly

02 secs
Time Spent

05/08/2020
Last Updated

Explanation

Communicating with deaf & hard of hearing patients	
Modes of	• Interpreter (or provider) fluent in medical communication & American Sign Language • Alternate modes: ◦ Computer-assisted real-time transcription

Communicating with deaf & hard of hearing patients	

Modes of communication	• Interpreter (or provider) fluent in medical communication & American Sign Language
	• Alternate modes:
	  ◦ Computer-assisted real-time transcription
	  ◦ Assistive listening devices
	  ◦ Lip reading*
	  ◦ Family/friends*
	  ◦ Written communication*

Supplemental measures	• Printed information sheets • Captioned videos

* Not recommended unless preferred by the patient.

This deaf patient is communicating with health care providers using standardized **American Sign Language (ASL)** via a surrogate, nonstandard gestures, lip reading, and handwritten notes. However, in general, the most accurate and effective method of communication is to use a **medical interpreter** (or provider) trained in ASL.

As with spoken languages, communicating medical information in ASL requires **precise wording** and use of terminology that is not typically used by lay persons in daily communication. Using a trained medical ASL interpreter can help to avoid potentially dangerous miscommunication. As with any nonprovider personnel, the use of an ASL interpreter is subject to patient preference and consent and should be offered to all deaf and hard of hearing patients. If a face-to-face interpreter is unavailable, alternate modes of communication include computer-assisted real-time transcription and assistive listening devices.

(Choice A) Friends and family members are not preferred for interpretation due to lack of impartiality, unfamiliarity with medical terminology, and possible barriers to open discussion of sensitive topics (eg, domestic abuse). Even though this patient has used his friend to assist in communication, this method should not be used unless the patient specifically requests it.

(Choice B) Handwriting can be time-consuming, leading to use of abbreviations and shortcuts; many nuances can be lost or misinterpreted, and information may be left out for the sake of brevity. Therefore, writing is not recommended as the primary mode of communication.

* Not recommended unless preferred by the patient.

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(Choice B) Handwriting can be time-consuming, leading to use of abbreviations and shortcuts; many nuances can be lost or misinterpreted, and information may be left out for the sake of brevity. Therefore, writing is not recommended as the primary mode of communication.

(Choice C) Supplemental communication measures can include written information sheets, standardized questionnaires, and captioned educational videos; however, the information conveyed by these modalities is limited, and they should not be used as the primary method of communication.

(Choice D) Many deaf and hard of hearing individuals learn lip reading and expressive gestures to facilitate communication in casual settings. However, these methods are subject to error or misunderstanding and should not be relied on as a primary communication modality in health care.

Educational objective:
Deaf and hard of hearing patients should be offered the services of an interpreter trained in medical translation and American Sign Language, subject to patient preference and consent. Alternate modes of communication include computer-assisted real-time transcription and assistive listening devices.

* Not recommended unless preferred by the patient.

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Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 35-year-old man comes to the office for a routine health maintenance evaluation. After separating from his wife, the patient recently moved to "make a fresh start" and start a new job. He has no chronic medical conditions and has had no surgeries. The patient is sexually active and has had 6 lifetime partners. When completing the rest of the sexual history, which of the following questions is most appropriate for the physician to ask?

A. "What are the genders of your current and previous sexual partners?"

B. "Can you tell me about your previous romantic relationships?"

C. "Did you have other sexual partners while you were married?"

D. "Do you identify as heterosexual, homosexual, or bisexual?"

E. "Have you ever had sexual intercourse with a man?"

Submit

A 35-year-old man comes to the office for a routine health maintenance evaluation. After separating from his wife, the patient recently moved to "make a fresh start" and start a new job. He has no chronic medical conditions and has had no surgeries. The patient is sexually active and has had 6 lifetime partners. When completing the rest of the sexual history, which of the following questions is most appropriate for the physician to ask?

- ✓ A. "What are the genders of your current and previous sexual partners?" (46%)
- B. "Can you tell me about your previous romantic relationships?" (27%)
- C. "Did you have other sexual partners while you were married?" (2%)
- D. "Do you identify as heterosexual, homosexual, or bisexual?" (17%)
- E. "Have you ever had sexual intercourse with a man?" (6%)

Omitted
Correct answer
A

46%
Answered correctly

02 secs
Time Spent

06/09/2020
Last Updated

Explanation

Sexual history is a key part of comprehensive patient care and should be obtained at all initial visits, routine preventive screenings, and visits when sexually transmitted infections are suspected. Physicians should attempt to put patients of all sexual orientations and gender identities at ease when reviewing **sexual history** because, for some, the discussion may feel uncomfortable and intrusive. Normalizing the discussion as a routine component of the medical examination, ensuring confidentiality, remaining nonjudgmental, and expressing a willingness to address all sexual health concerns can facilitate the discussion.

When asking about sexual partners, the physician should **avoid** using labels or making **assumptions** about patients or their partners' sexual

Sexual history is a key part of comprehensive patient care and should be obtained at all initial visits, routine preventive screenings, and visits when sexually transmitted infections are suspected. Physicians should attempt to put patients of all sexual orientations and gender identities at ease when reviewing **sexual history** because, for some, the discussion may feel uncomfortable and intrusive. Normalizing the discussion as a routine component of the medical examination, ensuring confidentiality, remaining nonjudgmental, and expressing a willingness to address all sexual health concerns can facilitate the discussion.

When asking about sexual partners, the physician should **avoid** using labels or making **assumptions** about patients or their partners' sexual orientation or gender identity. Asking an **open-ended** question about **all sexual partners** allows patients to describe their sexual partners and behavior in terms that they are familiar with and that reflect their gender identity. After inquiring about the gender of sexual partners (including trans, nonbinary), the physician can ask about pertinent types of sex (eg, vaginal, oral, anal) with each partner in order to make testing recommendations for sexually transmitted infections (eg, HIV) and discuss risk-reduction strategies. Another possible formulation is, "What is/are the sex and gender of your sexual partner(s)?"

(Choice B) This question is nonspecific and does not directly address sexual behavior. An individual may be sexually active outside of a romantic relationship or may not view an interaction as romantic. Although this question may yield some information regarding the patient's relationship history, it may exclude important information about some partners and sexual behaviors.

(Choice C) Questioning the patient about other sexual partners while he was married may make him feel judged and less willing to disclose his sexual history. This inquiry also fails to focus on all sexual partners.

(Choice D) This question forces the patient to choose a sexual orientation label. Many individuals may identify as heterosexual but have sexual contact with individuals of the same gender. Others may not relate to any of these labels to describe their sexuality.

(Choice E) Asking the patient whether he has ever had intercourse with a man is a narrow, close-ended question that does not address the possible range of his sexual behaviors or partners.

Educational objective:
Taking a sexual history is a key part of comprehensive care and requires an inclusive and nonjudgmental approach. Physicians should avoid making assumptions about a patient's sexual history and use an open-ended inquiry about all sexual partners.

References

recommendations for sexually transmitted infections (eg, HIV) and discuss risk-reduction strategies. Another possible formulation is, "What is/are the sex and gender of your sexual partner(s)?"

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Educational objective:
Taking a sexual history is a key part of comprehensive care and requires an inclusive and nonjudgmental approach. Physicians should avoid making assumptions about a patient's sexual history and use an open-ended inquiry about all sexual partners.

References

- Sexual health history: techniques and tips.
- Best practices in North American pre-clinical medical education in sexual history taking: consensus from the Summits in Medical Education in Sexual Health.
- Sexual orientation and patient-provider communication about sexual problems or concerns among US adults.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 73-year-old woman with congestive heart failure is being prepared for discharge from the hospital. The patient has heart failure with reduced ejection fraction and has been admitted to the hospital twice in the past 60 days. Medical history is notable for ischemic heart disease, chronic obstructive pulmonary disease, and hypertension. Vital signs are normal. Pulmonary examination shows normal respiratory effort and no crackles, and there is no peripheral edema. The patient asks to stay in the hospital for a few additional days and says, "I feel fine right now, but I am worried that if I go home, I might end up back in the hospital again." Which of the following is the most appropriate response to this patient's request?

A. "Managing heart failure at home can be difficult. What family members are nearby who can help?"

B. "Since you are worried about going home, would you like to go to a nursing home until you feel more confident?"

C. "Some people with heart failure have problems due to too much salt intake. Can you tell me about your diet?"

D. "What do you think are some reasons why your heart failure might be worse at home?"

E. "Your condition has now stabilized. What benefit are you hoping to gain from a continued stay?"

Submit

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- A. "Managing heart failure at home can be difficult. What family members are nearby who can help?" (10%)
- B. "Since you are worried about going home, would you like to go to a nursing home until you feel more confident?" (2%)
- C. "Some people with heart failure have problems due to too much salt intake. Can you tell me about your diet?" (0%)
- ✓ D. "What do you think are some reasons why your heart failure might be worse at home?" (83%)
- E. "Your condition has now stabilized. What benefit are you hoping to gain from a continued stay?" (2%)

Omitted
Correct answer
D

83%
Answered correctly

02 secs
Time Spent

04/07/2020
Last Updated

Explanation

Reducing hospital readmission	
Patient education	• Medication review: current list, purpose • Factors leading to relapse

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Reducing hospital readmission	
Patient education	• Medication review: current list, purpose • Factors leading to relapse • Home care & contingency measures
Coordination of care	• Prompt/electronic delivery of discharge information to outpatient provider • Multidisciplinary team review (eg, nursing, pharmacy, physician) • Clear delegation of responsibilities (eg, prescription refills)
Patient communication & follow-up	• Phone calls • Home health visits • Telemonitoring

Congestive heart failure carries a high rate of **hospital readmission**. The potential reasons for readmission are numerous and variable and can include premature discharge, inadequate outpatient follow-up, inadequate social support, dietary indiscretion, and medication errors (eg, missed or duplicate prescriptions). In addition, patients may not thoroughly understand how to take their medications, what each medication is for, or what to do if their symptoms begin to relapse.

Predischarge counseling typically begins with exploring patients' **level of understanding** and **health literacy** (ie, ability to process basic health information and make appropriate health decisions). Patients should have an opportunity to express their **questions and concerns** about **factors at home** that may lead to readmission. If possible, education should be provided by a **multidisciplinary team** (eg, pharmacist, physical therapist) that can address specific aspects of care. In addition, follow-up phone calls and telemonitoring (eg, blood pressure checks) after discharge may be helpful.

(Choice A) Friends and family members can often help patients by assisting with activities of daily living, reinforcing treatment plans, and alerting outpatient providers to early signs of clinical decompensation. However, it would be premature to enlist others to help before understanding the reasons for readmission.

(Choice B) Nursing home (ie, skilled care facility) transfer is appropriate for patients who require technically advanced interventions (eg, dressing

Predischarge counseling typically begins with exploring patients' **level of understanding** and **health literacy** (ie, ability to process basic health information and make appropriate health decisions). Patients should have an opportunity to express their **questions and concerns** about **factors at home** that may lead to readmission. If possible, education should be provided by a **multidisciplinary team** (eg, pharmacist, physical therapist) that can address specific aspects of care. In addition, follow-up phone calls and telemonitoring (eg, blood pressure checks) after discharge may be helpful.

(Choice A) Friends and family members can often help patients by assisting with activities of daily living, reinforcing treatment plans, and alerting outpatient providers to early signs of clinical decompensation. However, it would be premature to enlist others to help before understanding the reasons for readmission.

(Choice B) Nursing home (ie, skilled care facility) transfer is appropriate for patients who require technically advanced interventions (eg, dressing changes, intravenous antibiotics) that cannot be provided at home. Postacute care for heart failure typically involves oral medications that do not require skilled services.

(Choice C) Improper diet (eg, unrestricted sodium intake) is a common reason for heart failure readmission. However, the clinician should first assess the patient's current level of understanding, and the patient should be allowed to explain the reasons she thinks contribute to readmission.

(Choice E) This patient has been clinically stabilized and is unlikely to benefit from continued stay. Predischarge counseling should focus on factors at home that could lead to readmission rather than on reasons to stay in the hospital.

Educational objective:
Predischarge counseling should begin with exploring patients' level of understanding and health literacy. Patients should have an opportunity to ask questions and express their concerns about factors at home that could lead to readmission. If possible, education should be provided by a multidisciplinary care team, and the plan for home care and follow-up should be clear.

References

- Conversations, communication and counseling are key family medicine tactics to improve patient health.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

A 28-year-old woman comes to the gynecologist, who has provided routine care for the past 10 years. She has not menstruated for 2 months and had a positive home pregnancy test last week. Although she hopes to have children in the future, she has been under "a lot of stress lately" and caring for a child is "the last thing I need right now." A qualitative β-hCG pregnancy test confirms she is pregnant and the patient requests that the gynecologist terminate the pregnancy as soon as possible. The gynecologist prefers not to perform abortions on moral grounds but does have training in the procedure. Which of the following is the most appropriate course of action by the gynecologist?

- A. Agree to perform the abortion as the procedure is within the physician's scope of practice and training
- B. Encourage the patient to reconsider as she wants to have children someday and future fertility is not guaranteed
- C. Encourage the patient to take additional time to consider her options
- D. Explain that, on moral grounds, the physician is unable to either perform or refer the patient for the procedure
- E. Provide the patient with resources for providers who will perform abortions
- F. Recommend psychological counseling to help the patient cope with stress and sort through her feelings about abortion

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- A. Agree to perform the abortion as the procedure is within the physician's scope of practice and training (7%)
- B. Encourage the patient to reconsider as she wants to have children someday and future fertility is not guaranteed (2%)
- C. Encourage the patient to take additional time to consider her options (6%)
- D. Explain that, on moral grounds, the physician is unable to either perform or refer the patient for the procedure (5%)
- ✓ E. Provide the patient with resources for providers who will perform abortions (74%)
- F. Recommend psychological counseling to help the patient cope with stress and sort through her feelings about abortion (3%)

Omitted
Correct answer
E

74%
Answered correctly

01 sec
Time Spent

02/06/2020
Last Updated

Explanation

Request for an abortion is a situation in which a physician may face a moral conflict. Physicians are **not required to provide medical services** that are **against** their **personal beliefs (Choice A)**. However, once a patient-physician relationship is established, the **physician** is **obligated to refer** the patient to another provider who can perform the requested medical service. As with any procedure or treatment, the physician should have a **neutral discussion** regarding the procedure and alternatives. The physician should be nonjudgmental, refrain from imposing moral

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Explanation

Request for an abortion is a situation in which a physician may face a moral conflict. Physicians are **not required to provide medical services** that are **against** their **personal beliefs (Choice A)**. However, once a patient-physician relationship is established, the **physician** is **obligated to refer** the patient to another provider who can perform the requested medical service. As with any procedure or treatment, the physician should have a **neutral discussion** regarding the procedure and alternatives. The physician should be nonjudgmental, refrain from imposing moral values, and convey **respect** for the **patient's autonomy**. If the patient decides to have the procedure after neutral education, she should be provided with resources that will assist her in obtaining the desired service.

(Choice B) Encouraging the patient to reconsider her decision is inappropriate as it imposes the physician's own judgment and values.

(Choice C) Encouraging the patient to take additional time to make a decision is not advisable as this could place her past the first trimester.

(Choice D) The physician is not required to perform the procedure personally but is obligated to provide resources to help the patient find another provider who will perform it in a timely manner.

(Choice F) Recommending psychological counseling would be appropriate if the patient felt conflicted about her decision.

Educational objective:
Physicians are not required to provide medical services that are against their personal beliefs. In such cases, the physician should provide referral to providers who will perform the requested procedure.

References

- Conscientious objection to the provision of legal abortion care.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Abortion
Subject	System	Topic

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An 80-year-old man is brought to the emergency department by his son due to acute shortness of breath. The patient reports a chronic cough and a 13.6-kg (30-lb) weight loss over the past 6 months. Chest x-ray demonstrates a large mass in the right lung and an associated pleural effusion. The patient is hospitalized and undergoes bronchoscopy with biopsy; the pathology report comes back as bronchogenic carcinoma. When the physician initiates a private discussion about the biopsy results, the patient says, "I prefer not to be told anything. You can discuss everything with my son. I trust his judgment." The patient is cognitively intact without signs of mental illness. Which of the following is the most appropriate response by the physician?

A. "Could you tell me why you decided to get a bronchoscopy done if you did not wish to know the results?"

B. "Hearing about test results can be stressful. Would you like to speak to the chaplain before making a decision?"

C. "I appreciate why you would not want to hear the results, but you could make informed decisions about your health if you knew."

D. "I understand that you would not like to be told the results of the biopsy. I will share them with your son."

E. "Not knowing your results may also cause anxiety; let's discuss this with your son and see what he thinks."

Submit

An 80-year-old man is brought to the emergency department by his son due to acute shortness of breath. The patient reports a chronic cough and a 13.6-kg (30-lb) weight loss over the past 6 months. Chest x-ray demonstrates a large mass in the right lung and an associated pleural effusion. The patient is hospitalized and undergoes bronchoscopy with biopsy; the pathology report comes back as bronchogenic carcinoma. When the physician initiates a private discussion about the biopsy results, the patient says, "I prefer not to be told anything. You can discuss everything with my son. I trust his judgment." The patient is cognitively intact without signs of mental illness. Which of the following is the most appropriate response by the physician?

A. "Could you tell me why you decided to get a bronchoscopy done if you did not wish to know the results?" (5%)

B. "Hearing about test results can be stressful. Would you like to speak to the chaplain before making a decision?" (5%)

C. "I appreciate why you would not want to hear the results, but you could make informed decisions about your health if you knew." (14%)

✓ D. "I understand that you would not like to be told the results of the biopsy. I will share them with your son." (70%)

E. "Not knowing your results may also cause anxiety; let's discuss this with your son and see what he thinks." (5%)

Omitted
Correct answer
D

70%
Answered correctly

01 sec
Time Spent

06/01/2020
Last Updated

Explanation

Patients have the **right** to preemptively **refuse to receive** medical **information**. This patient has expressed a clear preference and has the capacity to make health care decisions. It is important to respect his wishes by withholding the information. In this case, respecting **patient autonomy** means respecting his decision not to know and to defer decision-making to his son.

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Explanation

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Reasons for refusing to receive medical information are varied and complex and include **personal values** (eg, fatalism), psychological concerns (eg, fears of bad news and mortality), and **cultural beliefs** (eg, cultural preference for the family to make treatment decisions). In some cultures, direct disclosure of a serious illness to a family elder may be considered unnecessarily cruel or disrespectful, and it is customary for family members to make health care decisions for the patient. Other cultural reasons for nondisclosure include the belief that open discussion may cause unnecessary anxiety, depression, or hopelessness or that speaking aloud about a condition makes death or terminal illness more certain. Physicians should respond to different individual and cultural values with an open, sensitive approach that conveys respect for the preferences of the patient and family.

(Choice A) This statement may be perceived as judgmental and impair rapport. A patient has no obligation to hear the results of an intervention and has the right to refuse procedures or information at any time.

(Choices B and E) The patient has decision-making capacity, and his preference not to be informed should be respected. Questioning the patient's decision and consulting with the chaplain or the patient's son are not necessary and may be perceived as disrespectful.

(Choice C) This response puts pressure on the patient to accept the information when he has clearly stated that he does not want to know.

Educational objective:
Patients have the right to refuse to receive medical information for individual or cultural reasons. In some cultures, family members may make health care decisions to avoid perceived harm, disrespect, or mental distress caused by direct disclosure to the patient.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient autonomy
Subject	System	Topic

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A 4-year-old boy is brought to the emergency department by his parents due to an asthma exacerbation. He has a history of poorly controlled asthma, with multiple emergency department visits and poor follow-up adherence. His mother is working 2 jobs to support the family and says she has difficulty bringing the patient to appointments. On examination, a well-demarcated, round burn mark is seen on the boy's thigh. When asked about the burn, the patient says, "That happens every time I'm bad." His mother corrects him and says that it was an accident resulting from the boy "playing with the cigarette lighter in the car." Which of the following is the best next step in management of this patient?

A. Arrange for medical hospitalization to ensure the child's safety

B. Contact Child Protective Services

C. Obtain a blood panel and full-body x-rays of the child

D. Question the parents to determine if they have abused the child

E. Request a social work assessment to confirm the abuse

F. Seek permission from the parents to interview the patient alone

Submit

A 4-year-old boy is brought to the emergency department by his parents due to an asthma exacerbation. He has a history of poorly controlled asthma, with multiple emergency department visits and poor follow-up adherence. His mother is working 2 jobs to support the family and says she has difficulty bringing the patient to appointments. On examination, a well-demarcated, round burn mark is seen on the boy's thigh. When asked about the burn, the patient says, "That happens every time I'm bad." His mother corrects him and says that it was an accident resulting from the boy "playing with the cigarette lighter in the car." Which of the following is the best next step in management of this patient?

- A. Arrange for medical hospitalization to ensure the child's safety (5%)
- ✓ B. Contact Child Protective Services (49%)
- C. Obtain a blood panel and full-body x-rays of the child (2%)
- D. Question the parents to determine if they have abused the child (0%)
- E. Request a social work assessment to confirm the abuse (8%)
- F. Seek permission from the parents to interview the patient alone (33%)

Omitted
Correct answer
B

49%
Answered correctly

02 secs
Time Spent

02/15/2020
Last Updated

Explanation

Features of possible child abuse	
	Caregiver background • Young or single parents

Features of possible child abuse	
Risk factors	**Caregiver background** • Young or single parents • Lower education levels • Drug or alcohol abuse • Psychiatric conditions (depression, impulse control disorders) • History of childhood abuse **Home environment** • Unstable family situation (eg, divorce, conflict) • Financial difficulties, job loss • Lack of social support • Domestic violence **Victims** • Physical, intellectual, or emotional disabilities • Unplanned pregnancy/unwanted child
Clinical presentation	• Unexplained or implausible injuries • Injuries in different stages of healing • Malnutrition • Sudden behavioral or scholastic changes

This child's characteristic cigarette burn and inconsistent explanation of how the injury occurred are concerning for physical abuse. Other risk factors in this case include the family's financial strain and poor follow-up with medical care. When evaluating an injured child, physicians must carefully screen for historical inconsistencies, alarming physical findings, or significant socio-familial risk factors. Physicians are **legally obligated** to **report** any **suspected child abuse** to Child Protective Services (CPS) for further investigation.

Signs suggestive of abuse include: multiple injuries of different types and stages of healing, pathognomonic injuries (eg, cigarette burns, symmetrical buttocks scalding), unwillingness to use an extremity, retinal hemorrhages, genital trauma, signs of neglect (eg, uncleanliness, malnourishment), and significant emotional or behavioral disturbances (eg, excessive compliance, pseudomaturity)

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(Choice A) Hospitalization may be necessary depending on further history and evaluation and/or if CPS deems the child to be unsafe.

(Choice C) Thorough laboratory testing and a radiologic skeletal survey (x-ray imaging) are essential to ensure the proper diagnosis is made. However, the results of these tests take time, and they should not delay reporting suspected abuse.

(Choice D) Confronting the parents is risky because they may become argumentative or violent or flee the hospital with the child. It is therefore preferable to contact CPS immediately if there are concerns for child abuse.

(Choice E) Social workers can help navigate complex family dynamics, gather more history, and manage parental reactions to staff concerns about abuse. However, confirmation of abuse is not required for reporting purposes; suspicion is enough.

(Choice F) This child has already disclosed an incident of potential abuse; it is not necessary to interview him alone prior to contacting CPS. In cases of suspected abuse where there is lack of disclosure, it is important to provide a safe and confidential place for patients to talk to the physician.

Educational objective:
Physicians should contact Child Protective Services immediately if there is suspicion of child abuse.

References

- Aspects of abuse: recognizing and responding to child maltreatment.
- Child physical abuse and neglect.

Behavioral science Social Sciences (Ethics/Legal/Professional) Child abuse

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A 25-year-old woman comes to the office to follow up type 1 diabetes mellitus. She takes long- and short- acting insulin with good glycemic control and has no diabetes-related complications. She also has a history of hypothyroidism for which she takes levothyroxine. The patient has been covered under her parent's medical insurance for the last several years, but she recently started working full time for a company that provides a broad variety of employee insurance choices. She requests advice in choosing a health insurance plan. The patient has no disability and says that her main priority is low monthly payments. Which of the following insurance options would be most appropriate for this patient?

A. Health maintenance organization

B. Medicaid

C. Medicare

D. Point-of-service plan

E. Preferred provider organization

Submit

A 25-year-old woman comes to the office to follow up type 1 diabetes mellitus. She takes long- and short- acting insulin with good glycemic control and has no diabetes-related complications. She also has a history of hypothyroidism for which she takes levothyroxine. The patient has been covered under her parent's medical insurance for the last several years, but she recently started working full time for a company that provides a broad variety of employee insurance choices. She requests advice in choosing a health insurance plan. The patient has no disability and says that her main priority is low monthly payments. Which of the following insurance options would be most appropriate for this patient?

- ✓ A. Health maintenance organization (54%)
- B. Medicaid (7%)
- C. Medicare (5%)
- D. Point-of-service plan (19%)
- E. Preferred provider organization (13%)

Omitted
Correct answer
A

54%
Answered correctly

0 secs
Time Spent

03/18/2020
Last Updated

Explanation

Types of health insurance plans			
	PPO	HMO	POS

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Types of health insurance plans

	PPO	HMO	POS
Monthly premiums	$$$	$	$$
Copayments & deductibles	$$	$	Variable
PCP referral required for specialist visits?	No	Yes	Yes
Size of "in-network" provider panel	Large	Limited	Limited
May go outside provider network?	Yes	No	Yes[1]

HMO = health maintenance organization; **PCP** = primary care provider; **POS** = point of service; **PPO** = preferred provider organization.

[1]Requires additional out-of-pocket cost.

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To keep expenditures below the total income from premiums, health insurance plans must limit total expenses (utilization) by enrolled patients. The 2 main strategies include increasing the patient's **share of cost** for the services they receive (eg, copayments, deductibles) and limiting the **range of services** patients may receive. A **health maintenance organization** (HMO) insurance plan has low monthly premiums, low copayments and deductibles, and low total cost for the patient. HMOs reduce utilization by confining patients to a limited panel of providers, requiring referrals from a primary care provider prior to specialist consultations, and denying payment for services that do not meet established evidence-based guidelines.

To keep expenditures below the total income from premiums, health insurance plans must limit total expenses (utilization) by enrolled patients. The 2 main strategies include increasing the patient's **share of cost** for the services they receive (eg, copayments, deductibles) and limiting the **range of services** patients may receive. A **health maintenance organization** (HMO) insurance plan has low monthly premiums, low copayments and deductibles, and low total cost for the patient. HMOs reduce utilization by confining patients to a limited panel of providers, requiring referrals from a primary care provider prior to specialist consultations, and denying payment for services that do not meet established evidence-based guidelines.

This patient's chronic conditions require daily medications, regular physician visits, and serial laboratory testing. In addition, diabetes can increase the risk of additional complications, increase utilization, and require specialty consultation. As a result, an HMO plan may provide this patient with the lowest monthly cost as long as she is willing to see only providers within the limited panel approved by the plan.

(Choice B) Medicaid is a joint federal and state program to cover low-income patients. This patient is unlikely to qualify for Medicaid due to her full-time employment and employer-sponsored health insurance.

(Choice C) Medicare is a federal health insurance program for patients who are age ≥65, disabled, or have end-stage renal disease.

(Choice D) Point-of-service (POS) plans are similar to HMOs in that they require patients to have a primary care provider and obtain referrals for specialty consultations. However, unlike an HMO, patients may also see out-of-network providers. POS plans typically have higher premiums than HMOs and significant costs if patients choose to see out-of-network specialists.

(Choice E) Preferred provider organization (PPO) plans usually offer the most flexible choices for both in-network and out-of-network providers. However, PPOs typically have higher premiums and deductibles than HMO plans.

Educational objective:
A health maintenance organization (HMO) is an insurance plan with low monthly premiums, low copayments and deductibles, and low total cost for the patient. HMOs reduce utilization by confining patients to a limited panel of providers, requiring referral from a primary care provider prior to specialist consultations, and denying payment for services that do not meet established guidelines.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Health insurance
Subject	System	Topic

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A 65-year-old man enters a persistent vegetative state following a high-speed motor vehicle accident. A feeding tube is placed while efforts are made to contact the patient's wife, who is visiting family in Europe. When she arrives at the hospital, she is grief-stricken at the news. She says that her husband does not have a living will, but explains that he often said, "if anything bad ever happens to me, make sure they don't stick those tubes in me just to keep me alive. I've lived a good life and just want to die with dignity." The patient's adult children demand that everything be done to keep their father alive. In an effort to mediate the issue, the treating physician holds a family conference with the hospital ethics team present. Despite acknowledging that the patient did not wish to live with "tubes," his children express discomfort with withdrawing the feeding tube. Which of the following is the most appropriate course of action?

A. Do nothing and allow the tube feedings to continue

B. Inform the wife that if she does not want the patient to be kept alive with a feeding tube, she will need to remove the tube herself

C. Keep the feeding tube in place according to the children's wishes as they are the patient's closest blood relatives

D. Remove the feeding tube in accordance with the patient's wishes as described by his wife

E. Transfer care to another physician who specializes in handling end-of-life care

Submit

A 65-year-old man enters a persistent vegetative state following a high-speed motor vehicle accident. A feeding tube is placed while efforts are made to contact the patient's wife, who is visiting family in Europe. When she arrives at the hospital, she is grief-stricken at the news. She says that her husband does not have a living will, but explains that he often said, "if anything bad ever happens to me, make sure they don't stick those tubes in me just to keep me alive. I've lived a good life and just want to die with dignity." The patient's adult children demand that everything be done to keep their father alive. In an effort to mediate the issue, the treating physician holds a family conference with the hospital ethics team present. Despite acknowledging that the patient did not wish to live with "tubes," his children express discomfort with withdrawing the feeding tube. Which of the following is the most appropriate course of action?

A. Do nothing and allow the tube feedings to continue (2%)

B. Inform the wife that if she does not want the patient to be kept alive with a feeding tube, she will need to remove the tube herself (0%)

C. Keep the feeding tube in place according to the children's wishes as they are the patient's closest blood relatives (1%)

✓ D. Remove the feeding tube in accordance with the patient's wishes as described by his wife (94%)

E. Transfer care to another physician who specializes in handling end-of-life care (1%)

Omitted
Correct answer
D

94%
Answered correctly

02 secs
Time Spent

03/19/2020
Last Updated

Explanation

This patient is in a persistent vegetative state and requires a feeding tube to sustain his life. A persistent vegetative state is a condition arising from severe brain damage that results in a state of wakefulness without awareness. Patients may regain consciousness within 6 months in approximately 50% of cases, but rarely without severe subsequent disability.

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Based on the ethical principle of **autonomy**, decisions about end-of-life care and life-sustaining treatment should be made by the patient, and the patient's wishes must be respected by the physician. If the patient is unable to make decisions, then decision making falls to a surrogate (or the next of kin in the absence of a formally designated surrogate). The surrogate must make healthcare decisions based on what the patient would have wanted. However, even if advance directives are available, families often struggle with balancing the desire to follow the patient's wishes and feeling responsible for ending a loved one's life. Clinicians should facilitate discussions with surrogates and other family members to help them choose treatment options that are most consistent with the patient's values and preferences. Family meetings with social workers and hospital chaplains and/or multidisciplinary conferences involving the hospital ethics committee can often aid in this process.

This patient has no designated surrogate, so medical decision making falls to the next of kin. Usually, the patient's spouse is the next of kin, although the children may sometimes have joint next-of-kin status depending on state laws **(Choice C)**. Regardless of whether the children are also considered next of kin, both they and the wife express concordant knowledge regarding the patient's preferences for end-of-life treatment. Even though the children are hesitant to withdraw care, the tube should be removed in accordance with the wife's decision, as the best available evidence suggests this is what the patient would want most.

(Choice A) End-of-life treatment decisions should follow the patient's preferences. To continue tube feedings and subsequently do nothing for the patient violates his wishes for end-of-life care as expressed by his legal next of kin, his spouse.

(Choice B) Telling a family member to perform a medical procedure on a loved one is inappropriate.

(Choice E) Transferring care to another physician is not an appropriate course of action.

Educational objective:
When patients are unable to make end-of-life decisions for themselves and no written advance directives exist, responsibility for those decisions falls to the next of kin. However, all surrogate medical decisions, including next-of-kin decisions, must be based on the best estimation of what the patient would have wanted.

References

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Educational objective:
When patients are unable to make end-of-life decisions for themselves and no written advance directives exist, responsibility for those decisions falls to the next of kin. However, all surrogate medical decisions, including next-of-kin decisions, must be based on the best estimation of what the patient would have wanted.

References

- A model for emergency department end-of-life communications after acute devastating events--part I: decision-making capacity, surrogates, and advance directives.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	End of life care
Subject	System	Topic

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A 21-year-old man comes to the office due to recurrent ear drainage. He is accompanied by his girlfriend. On examination, the patient has purulent otorrhea, a tympanic membrane perforation, and a pearly white mass behind the tympanic membrane consistent with a large cholesteatoma. He is told that he will need a tympanomastoidectomy with removal of the cholesteatoma. The patient nods briefly but does not ask questions. He is also given information sheets with a written description of the procedure and instructions on how to schedule surgery that he immediately hands to his girlfriend, who begins to read them. Review of the medical records shows he has been to the emergency department several times in the last year with this same concern and has not had a flu shot in the past 5 years. Which of the following is the most appropriate course of action?

- A. Ask him to schedule a follow-up appointment and bring a family member to help him make health care decisions
- B. Explain again slowly and simply what a tympanomastoidectomy is and why it should be done
- C. Gently ask the patient to read the information sheet aloud to determine his literacy
- D. Use a visual aid to educate the patient about the procedure
- E. Verbally review instructions on how to schedule an appointment for the procedure

Submit

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- A. Ask him to schedule a follow-up appointment and bring a family member to help him make health care decisions (3%)
- B. Explain again slowly and simply what a tympanomastoidectomy is and why it should be done (12%)
- C. Gently ask the patient to read the information sheet aloud to determine his literacy (18%)
- ✓ D. Use a visual aid to educate the patient about the procedure (51%)
- E. Verbally review instructions on how to schedule an appointment for the procedure (14%)

Omitted
Correct answer
D

51%
Answered correctly

01 sec
Time Spent

05/19/2020
Last Updated

Explanation

Low literacy	
	• Low level of completed education

Low literacy	
Risk factors	• Low level of completed education • History of incarceration • Low socioeconomic status • Language difference between patient & physician
Clinical clues	• Has multiple visits for the same condition • Asks family or friends to read medical literature • Refuses to fill out paperwork
Adverse health outcomes	• Treatment nonadherence • ↑ Hospitalizations & emergency care use

This patient's cholesteatoma requires surgical intervention; lack of definitive treatment has lead to multiple emergency department visits for the same condition. During today's office visit, although the patient seeks medical care, he does not appear to engage with the physician (eg, nods briefly but asks no questions) and does not read the written health information sheets but instead hands them to his companion. This presentation raises suspicion for **low literacy**, a diminished ability to read and write.

Low literacy has been shown to correlate with many **adverse health outcomes**, including increased hospitalizations and emergency care use, decreased adult vaccinations (eg, influenza), poorer self-reported health status, and increased mortality. Low literacy may be difficult to detect because known risk factors (eg, low level of completed education, history of incarceration) may not be present. In addition, adults are often **ashamed** and **may try to conceal** low literacy, sometimes with apparent noncompliance or refusal to cooperate.

Screening reading tests (eg, asking the patient to read the information sheet aloud) are typically discouraged because they may induce anxiety and/or shame **(Choice C)**. However, questions such as "How often do you have other people help you interpret medical documents?" or "How confident are you in filling out medical forms?" may reveal low literacy in a supportive fashion. If a physician suspects that low literacy is contributing to poor patient outcomes, alternative forms of communication such as **visual resources** (eg, illustrations, videos) should be used.

(Choice A) Although adults with low literacy may require additional educational strategies (eg, visual aids) to gain appropriate understanding before making health care decisions, it should not be assumed that they lack decision-making capacity. This patient is likely a capable adult;

Low literacy has been shown to correlate with many **adverse health outcomes**, including increased hospitalizations and emergency care use, decreased adult vaccinations (eg, influenza), poorer self-reported health status, and increased mortality. Low literacy may be difficult to detect because known risk factors (eg, low level of completed education, history of incarceration) may not be present. In addition, adults are often **ashamed** and **may try to conceal** low literacy, sometimes with apparent noncompliance or refusal to cooperate.

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(Choice A) Although adults with low literacy may require additional educational strategies (eg, visual aids) to gain appropriate understanding before making health care decisions, it should not be assumed that they lack decision-making capacity. This patient is likely a capable adult; therefore, further communication should be directed toward him rather than a family member. In addition, as a capable adult, he may choose whom he wishes to involve (eg, girlfriend) or not involve (eg, family member) in his decision-making process.

(Choices B and E) Explaining the condition again or verbally reviewing instructions for scheduling the procedure is unlikely to improve the outcome because many individuals with low literacy experience challenges in both written and spoken communication. Using an alternative mode of education that includes visual learning is more likely to improve comprehension.

Educational objective:
Low literacy can be a significant barrier to appropriate treatment and may be difficult to identify. For patients with suspected low literacy, alternative methods of communication (eg, visual resources) should be used to improve understanding.

References

- Video-based educational tool improves patient comprehension of common prostate health terminology.
- Brief questions to identify patients with inadequate health history
- Patient education and health literacy.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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While having dinner at a restaurant with a colleague, a physician notices one of his patients sitting at a neighboring table with her husband. When exiting the restaurant, the patient approaches the table and exchanges some brief pleasantries with the physician's colleague. She then nods briefly in the physician's direction but says nothing to him. The physician acknowledges the gesture with a smile. Afterward, the physician's colleague asks, "Is she your patient? She's a family friend who was recently diagnosed with breast cancer. I have been worried about her and wonder how she's doing." Which of the following is the most appropriate response by the physician to his colleague?

A. No, she is not my patient.

B. She is my patient, but unfortunately I am unable to discuss her treatment due to patient confidentiality.

C. Sorry, I cannot say whether or not she is my patient.

D. Yes, and it would be helpful to hear any feedback she may give you about my care.

E. Yes, she is doing much better, but I trust you will keep that information confidential.

F. Yes, she's doing better medically; do you know how she is doing emotionally?

Submit

While having dinner at a restaurant with a colleague, a physician notices one of his patients sitting at a neighboring table with her husband. When exiting the restaurant, the patient approaches the table and exchanges some brief pleasantries with the physician's colleague. She then nods briefly in the physician's direction but says nothing to him. The physician acknowledges the gesture with a smile. Afterward, the physician's colleague asks, "Is she your patient? She's a family friend who was recently diagnosed with breast cancer. I have been worried about her and wonder how she's doing." Which of the following is the most appropriate response by the physician to his colleague?

- A. No, she is not my patient. (2%)
- B. She is my patient, but unfortunately I am unable to discuss her treatment due to patient confidentiality. (38%)
- ✓ C. Sorry, I cannot say whether or not she is my patient. (57%)
- D. Yes, and it would be helpful to hear any feedback she may give you about my care. (0%)
- E. Yes, she is doing much better, but I trust you will keep that information confidential. (0%)
- F. Yes, she's doing better medically; do you know how she is doing emotionally? (0%)

Omitted
Correct answer
C

57%
Answered correctly

01 sec
Time Spent

02/18/2020
Last Updated

Explanation

Physicians are ethically obligated to **protect patient confidentiality** in all situations, including **non-medical settings** and in **interactions with physician colleagues** who are not serving as health care providers for the patient. The most appropriate response in this situation is for the physician to not divulge any information regarding the patient's condition or treatment, including whether she is his patient, as the physician's colleague is not part of the treatment team and the patient has not consented to sharing personal health information with this individual. The

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Omitted
Correct answer
C

57%
Answered correctly

01 sec
Time Spent

02/18/2020
Last Updated

Explanation

Physicians are ethically obligated to **protect patient confidentiality** in all situations, including **non-medical settings** and in **interactions with physician colleagues** who are not serving as health care providers for the patient. The most appropriate response in this situation is for the physician to not divulge any information regarding the patient's condition or treatment, including whether she is his patient, as the physician's colleague is not part of the treatment team and the patient has not consented to sharing personal health information with this individual. The physician should neither lie to protect patient confidentiality **(Choice A)** nor confirm or deny whether she is, in fact, a patient.

(Choices B, D, E, and F) All these statements violate patient confidentiality.

Educational objective:
It is unethical to discuss any information regarding a patient's diagnosis and treatment with another individual, including a physician who is not involved in the patient's care. Likewise, the physician should neither confirm nor deny whether the person of interest is, in fact, a patient.

References

- Confidentiality breaches in clinical practice: what happens in hospitals?
- Ethics and patient privacy.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient confidentiality
Subject	System	Topic

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The following vignette applies to the next **2** items.

Item 1 of 2

An 82-year-old man with a history of advanced Alzheimer dementia is brought to the hospital by his daughter, who is his power of attorney and caregiver. She says that her father is increasingly confused and verbally aggressive. He is admitted to the hospital and found to have a urinary tract infection. Intravenous antibiotics are initiated and he appears less disoriented and agitated but remains unable to recall nursing instructions throughout the day and is fairly nonverbal. Three days into his treatment, the antibiotic order expires and is missed by the physician, nurses, and pharmacy staff. The patient receives no medication for 2 days before the error is noted and corrected. There are no consequences to this error other than extension of his hospital stay by 2 days. Which of the following is the most appropriate course of action?

A. Do not disclose the error as the patient was not harmed

B. Do not disclose the error but arrange for the hospital to not charge for the extra days

C. Inform the daughter and disclose the error with an apology

D. Inform the patient and disclose the error with an apology

E. Say nothing until the incident is discussed with nursing and pharmacy staff

Submit

The following vignette applies to the next **2** items.

Item 1 of 2

An 82-year-old man with a history of advanced Alzheimer dementia is brought to the hospital by his daughter, who is his power of attorney and caregiver. She says that her father is increasingly confused and verbally aggressive. He is admitted to the hospital and found to have a urinary tract infection. Intravenous antibiotics are initiated and he appears less disoriented and agitated but remains unable to recall nursing instructions throughout the day and is fairly nonverbal. Three days into his treatment, the antibiotic order expires and is missed by the physician, nurses, and pharmacy staff. The patient receives no medication for 2 days before the error is noted and corrected. There are no consequences to this error other than extension of his hospital stay by 2 days. Which of the following is the most appropriate course of action?

A. Do not disclose the error as the patient was not harmed (0%)

B. Do not disclose the error but arrange for the hospital to not charge for the extra days (0%)

✓ C. Inform the daughter and disclose the error with an apology (88%)

D. Inform the patient and disclose the error with an apology (8%)

E. Say nothing until the incident is discussed with nursing and pharmacy staff (2%)

Omitted
Correct answer
C

88%
Answered correctly

01 sec
Time Spent

03/16/2020
Last Updated

Explanation

Medication errors play a major role in patient morbidity and mortality, particularly in the hospital setting. These errors may be caused by health

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Medication errors play a major role in patient morbidity and mortality, particularly in the hospital setting. These errors may be caused by health care professionals (eg, errors in entering medication, failure to renew medication), factors related to the medication (eg, similar names, narrow therapeutic window), and factors related to the patient (eg, poor renal function, polypharmacy). Quality improvement measures such as checklists or medication reconciliation attempt to minimize these preventable errors.

It is often challenging for physicians to disclose when medication errors have occurred, particularly when no serious harm has come to the patient. Reasons for this reluctance may include fear of litigation or loss of patient trust and confidence. However, full disclosure of medical errors should occur in a timely manner and has been associated with a neutral-to-positive effect on patient response and the physician-patient relationship. When an error is noted, **disclosure should be provided in person, in a timely manner that includes an apology for what occurred**. Because this patient's altered mental status and advanced dementia prevent him from being able to understand what occurred, it would be more appropriate for the physician to disclose the error to his daughter **(Choice D)**.

(Choice A) Although the patient was not harmed physically, extra days in the hospital certainly expose him to greater financial risk and to hospital-acquired infection. It would not be advisable to withhold this information.

(Choice B) Although having the hospital revoke charges for the extra days would be appropriate, this does not substitute for disclosure and apology for the error.

(Choice E) Waiting to discuss the incident with pharmacy and nursing staff would be the first step if there is doubt about whether a medication error occurred. However, in this case, it is clear that the medication error did occur, making the best next step disclosure and apology for the event.

Educational objective:
Physicians should disclose medication errors and provide an apology in a timely fashion regardless of whether harm has occurred.

References

- Medication errors: an overview for clinicians.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Veracity
Subject	System	Topic

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Item 2 of 2

Over the next several months, there are more cases in which expired medications fail to be renewed. Finally, a patient on intravenous dobutamine for decompensated heart failure does not receive the medication for 6 hours and experiences worsening of her condition, with resulting hypotensive shock. Hospital administration convenes a committee to address this incident. Which of the following is the most appropriate next step in addressing this problem?

A. Create an alert system in the electronic medical record to notify physicians when orders expire

B. Have a second pharmacist double-check expired orders

C. Increase the hospital's risk management staffing

D. Interview pharmacy, nursing, and medical staff on the units where this occurred

E. Interview the patients who experienced adverse outcomes from these medication errors

Submit

Item 2 of 2

Over the next several months, there are more cases in which expired medications fail to be renewed. Finally, a patient on intravenous dobutamine for decompensated heart failure does not receive the medication for 6 hours and experiences worsening of her condition, with resulting hypotensive shock. Hospital administration convenes a committee to address this incident. Which of the following is the most appropriate next step in addressing this problem?

- A. Create an alert system in the electronic medical record to notify physicians when orders expire (33%)
- B. Have a second pharmacist double-check expired orders (5%)
- C. Increase the hospital's risk management staffing (1%)
- ✓ D. Interview pharmacy, nursing, and medical staff on the units where this occurred (57%)
- E. Interview the patients who experienced adverse outcomes from these medication errors (1%)

Omitted
Correct answer
D

57%
Answered correctly

02 secs
Time Spent

03/16/2020
Last Updated

Explanation

Addressing medication errors promptly is important in solving recurrent problems and preventing further harm to patients. The first step of the committee should be to conduct a step-by-step analysis of what occurred and why. Typically, the best approach is to employ a **root cause analysis**, which aims to identify what, how, and why an undesirable outcome occurred.

The first step in a root cause analysis involves collecting data to obtain complete information about the event or events. This involves interviewing multiple staff members involved to understand why and how the adverse outcomes occurred. For example, interviews may uncover root causes

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Explanation

Addressing medication errors promptly is important in solving recurrent problems and preventing further harm to patients. The first step of the committee should be to conduct a step-by-step analysis of what occurred and why. Typically, the best approach is to employ a **root cause analysis**, which aims to identify what, how, and why an undesirable outcome occurred.

The first step in a root cause analysis involves collecting data to obtain complete information about the event or events. This involves interviewing multiple staff members involved to understand why and how the adverse outcomes occurred. For example, interviews may uncover root causes such as understaffing in the pharmacy stemming from budget cuts or a hostile hierarchical culture that led nursing staff to be reluctant to point out problems to the medical staff. Only when investigators determine why an event occurred can they recommend specific corrective measures to prevent future occurrences **(Choices A and B)**.

(Choice C) Increasing the hospital's risk management staffing may improve its ability to handle potential lawsuits but would not directly address the recurrent issue of not recognizing expired medication orders.

(Choice E) Although interviewing the patients involved can sometimes yield information about the course of events, this is not typically a key step in conducting a root cause analysis. The most important step is interviewing staff members on the units where these incidents occurred.

Educational objective:
Root cause analysis is a quality improvement measure that identifies what, how, and why a preventable adverse outcome occurred. The first step involves collecting data mainly through interviewing multiple individuals involved in the steps leading to the outcome.

References

- Medication errors: an overview for clinicians.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Medical errors
Subject	System	Topic

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An internist is treating a 61-year-old man who has been hospitalized repeatedly over the last 6 months due to a recent myocardial infarction. The patient's condition has slowly improved, although his clinical course was complicated by a pulmonary embolus, urinary tract infection, and hip fracture from a fall during cardiac rehabilitation. During an outpatient clinic appointment, the patient gives the physician a handmade thank-you card containing 4 courtside tickets to a professional basketball playoff game. He says, "I would like to thank you for everything that you've done. Please accept these tickets and enjoy the game." He tells the physician not to worry about the expense, saying, "I receive free season tickets through my company but haven't felt well enough to make it to the games. You have been such a wonderful doctor, and I wanted to give you something to express my gratitude." Which of the following responses by the physician is most appropriate?

A. "I am touched by your very kind gesture. My family and I love basketball and we'll certainly enjoy the game."

B. "I appreciate your thoughtfulness and will treasure the card you have made for me. However, it would not be right for me to accept the tickets."

C. "Thank you; my family will certainly enjoy the game. Please know that I will always provide you with the best care possible, just like I do for all my patients."

D. "Thank you very much. I do not normally accept valuable gifts for ethical reasons. However, since they were free and you are unable to attend, I would be happy to accept them."

E. "Thank you very much but I cannot accept the tickets; please know that I give all my patients the best care whether or not they bring a gift."

F. "Thank you very much, but I have a policy of not accepting valuable gifts from patients. Would you mind if I offer them to the office staff?"

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A. "I am touched by your very kind gesture. My family and I love basketball and we'll certainly enjoy the game." (1%)

✓ B. "I appreciate your thoughtfulness and will treasure the card you have made for me. However, it would not be right for me to accept the tickets." (79%)

C. "Thank you; my family will certainly enjoy the game. Please know that I will always provide you with the best care possible, just like I do for all my patients." (3%)

D. "Thank you very much. I do not normally accept valuable gifts for ethical reasons. However, since they were free and you are unable to attend, I would be happy to accept them." (1%)

E. "Thank you very much but I cannot accept the tickets; please know that I give all my patients the best care whether or not they bring a gift." (11%)

F. "Thank you very much, but I have a policy of not accepting valuable gifts from patients. Would you mind if I offer them to the office staff?" (1%)

Omitted
Correct answer
B

79%
Answered correctly

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Time Spent

07/08/2020
Last Updated

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Explanation

Although gift giving as an expression of gratitude is common in many cultures, acceptance of expensive gifts is problematic for several reasons. Gifts of significant value can place undue financial burden on the patient. From an ethical standpoint, **expensive gifts may influence or appear to influence** the physician's **professional judgment** (eg, gift is given or perceived to be given in expectation of preferential treatment). Even a conscious effort by the physician to avoid preferential treatment could be undermined by the subconscious influence of the gift on the physician's behavior. The consensus and professional standard is that it is **unethical** to **accept gifts of significant monetary value**. Many medical offices and hospitals implement a no-gift rule to keep things simple; others implement a dollar-amount rule (eg, $10 or less).

Declining a valuable gift should be done with care, as a tactless approach can have a negative impact on the physician-patient relationship. The physician should always express gratitude for the gesture and explain why the gift cannot be accepted. Accepting gifts of low monetary value given as a token of appreciation or cultural tradition and that are not intended to influence care is generally considered appropriate.

(Choices A and C) Accepting a gift of significant value would not be appropriate for the above-mentioned reasons.

(Choice D) Although the gift was of no expense to the patient, it is still ethically problematic due to its potential to influence the physician's behavior.

(Choice E) This response is judgmental as it implies that the gift was given to obtain preferential treatment. This patient does not appear to be attempting to "buy" special treatment from the physician but is instead only expressing gratitude.

(Choice F) It is ethically problematic to accept the gift even with the intention of passing it along to the office staff. It may precipitate patient favoritism among the staff or make other patients feel obligated to provide gifts to the health care team.

Educational objective:
It is ethically problematic for physicians to accept expensive gifts as they may influence or appear to influence physician behavior. These gifts should be declined after expressing appreciation for the gesture.

References

- The price of a gift: an approach to receiving gifts from patients in psychiatric practice.

Behavioral sciences Social Sciences (Ethics/Legal/Professional) Professional conduct

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A 79-year-old man is admitted to the hospital for exacerbation of chronic obstructive pulmonary disease. His other medical problems include coronary artery disease, type 2 diabetes mellitus, and obesity. The patient has smoked cigarettes daily for more than 50 years. His wife is concerned about his health due to multiple hospitalizations over the last year for various complications related to his comorbidities. After performing a thorough history and physical examination, the physician decides to continue the patient's existing medications for diabetes and heart disease. Admission orders also include supplemental oxygen, bronchodilators, antibiotics, and systemic corticosteroids. Which of the following additional components is most essential to include during the admission process?

A. Discussion about diet and exercise to improve glycemic control and heart health

B. Discussion of advance directives and the patient's wishes for end-of-life care

C. Discussion regarding smoking cessation to reduce his risk of dying from heart or lung disease

D. Documentation of a will that ensures personal and financial matters are organized

E. Documentation of insurance coverage as the patient may require supplemental oxygen post-discharge

Submit

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A 79-year-old man is admitted to the hospital for exacerbation of chronic obstructive pulmonary disease. His other medical problems include coronary artery disease, type 2 diabetes mellitus, and obesity. The patient has smoked cigarettes daily for more than 50 years. His wife is concerned about his health due to multiple hospitalizations over the last year for various complications related to his comorbidities. After performing a thorough history and physical examination, the physician decides to continue the patient's existing medications for diabetes and heart disease. Admission orders also include supplemental oxygen, bronchodilators, antibiotics, and systemic corticosteroids. Which of the following additional components is most essential to include during the admission process?

A. Discussion about diet and exercise to improve glycemic control and heart health (2%)

✓ B. Discussion of advance directives and the patient's wishes for end-of-life care (69%)

C. Discussion regarding smoking cessation to reduce his risk of dying from heart or lung disease (23%)

D. Documentation of a will that ensures personal and financial matters are organized (1%)

E. Documentation of insurance coverage as the patient may require supplemental oxygen post-discharge (2%)

Omitted
Correct answer
B

69%
Answered correctly

01 sec
Time Spent

06/07/2020
Last Updated

Explanation

Advance directives detail a patient's instructions for future care and treatment in the event the patient lacks decision-making capacity. There are two main types of advance directives: a living will and a health care proxy. A **living will** specifies the patient's end-of-life wishes and often includes specific guidelines regarding intubation, cardiopulmonary resuscitation, enteral feeding, and other life-prolonging interventions. Given the breadth of medical scenarios that can arise, not all decisions can be accounted for in a living will. Therefore, a **health care proxy** document is

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Explanation

Advance directives detail a patient's instructions for future care and treatment in the event the patient lacks decision-making capacity. There are two main types of advance directives: a living will and a health care proxy. A **living will** specifies the patient's end-of-life wishes and often includes specific guidelines regarding intubation, cardiopulmonary resuscitation, enteral feeding, and other life-prolonging interventions. Given the breadth of medical scenarios that can arise, not all decisions can be accounted for in a living will. Therefore, a **health care proxy** document is essential, designating a specific individual to make health care decisions on the patient's behalf should the patient become incapacitated.

As part of the admission process, all patients should be asked about the presence of advance directives as well as preferences for resuscitation (eg, full code, do not resuscitate [DNR], do not intubate [DNI], comfort measures only [hospice]). Patients should be informed of options for creating advance directives if they do not have them.

(Choices A, C, D, and E) Although these are important topics to discuss, they are not essential to address during an initial encounter with a hospitalized patient.

Educational objective:
The admission process should include discussion of advance directives and code status to ensure that medical personnel adhere to the patient's specific wishes in the event that the patient becomes incapacitated.

References

- Advance directives.
- Use of a standardized code status explanation by residents among hospitalized patients.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Advance directive/surrogate decision maker
Subject	System	Topic

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A 65-year-old man is admitted to the inpatient unit of a busy community hospital for worsening shortness of breath over the last few days. He has a 60-pack-year smoking history and was initially diagnosed with chronic obstructive pulmonary disease exacerbation and treated accordingly. Chest x-ray on admission shows a large hilar opacity, and CT scan confirms the presence of a 4-cm mass in the right hilum. In the process of obtaining informed consent for bronchoscopy with biopsy, the patient says, "Doc, please don't tell me what they find, because if it's cancer, I don't want to know." Which of the following is the most appropriate response to this patient's request?

A. "I won't tell you, but you must appoint someone in your family to make decisions on your behalf."

B. "It is my ethical and legal obligation to share your health information with you."

C. "Tell me more about your concerns so I can better understand why you feel this way."

D. "There is no need to worry. The chances are this isn't cancer."

E. "You will have to be evaluated by a psychiatrist before I can comply with your request."

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A 65-year-old man is admitted to the inpatient unit of a busy community hospital for worsening shortness of breath over the last few days. He has a 60-pack-year smoking history and was initially diagnosed with chronic obstructive pulmonary disease exacerbation and treated accordingly. Chest x-ray on admission shows a large hilar opacity, and CT scan confirms the presence of a 4-cm mass in the right hilum. In the process of obtaining informed consent for bronchoscopy with biopsy, the patient says, "Doc, please don't tell me what they find, because if it's cancer, I don't want to know." Which of the following is the most appropriate response to this patient's request?

A. "I won't tell you, but you must appoint someone in your family to make decisions on your behalf." (6%)

B. "It is my ethical and legal obligation to share your health information with you." (1%)

✓ C. "Tell me more about your concerns so I can better understand why you feel this way." (91%)

D. "There is no need to worry. The chances are this isn't cancer." (0%)

E. "You will have to be evaluated by a psychiatrist before I can comply with your request." (0%)

Omitted
Correct answer
C

91%
Answered correctly

01 sec
Time Spent

03/25/2020
Last Updated

Explanation

Just as competent patients have the right to refuse medical care and interventions, they also have the right to refuse to receive diagnostic information. Requests to withhold information may stem from personal fears or cultural, religious, or social factors. They should be respected based on the principle of **autonomy**. This patient is concerned about being diagnosed with lung cancer and likely has unspoken fears about what the diagnosis means. An appropriate initial response is to attempt to learn why the patient feels this way. Efforts should be made to gently explore the patient's concerns, elicit questions he may have about potential diagnoses (lung cancer and other possibilities), and explain how knowing the

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Just as competent patients have the right to refuse medical care and interventions, they also have the right to refuse to receive diagnostic information. Requests to withhold information may stem from personal fears or cultural, religious, or social factors. They should be respected based on the principle of **autonomy**. This patient is concerned about being diagnosed with lung cancer and likely has unspoken fears about what the diagnosis means. An appropriate initial response is to attempt to learn why the patient feels this way. Efforts should be made to gently explore the patient's concerns, elicit questions he may have about potential diagnoses (lung cancer and other possibilities), and explain how knowing the diagnosis may help him make subsequent treatment decisions. The physician should make an effort to understand the patient's desires and concerns in order to develop a trusting relationship that may facilitate future collaborative treatment planning.

(Choice A) Although it may be beneficial to involve family members and eventually designate a surrogate decision maker, the initial role of the physician in this case is to try to understand the patient's concerns.

(Choice B) Although a physician is ethically obligated to share all of a patient's health information with the patient, in this case a competent patient is specifically requesting that he not be told his diagnosis. The physician should therefore respect his decision.

(Choice D) Offering false reassurance that the diagnosis is unlikely to be cancer is inappropriate.

(Choice E) Undiagnosed psychiatric illness may play a role in a patient's request to not receive diagnostic information, but there is no evidence to suggest that it is occurring in this patient. If further discussion with the patient indicates significant depression, anxiety, or other psychiatric issues, a psychiatric consultation would be indicated.

Educational objective:
Patients have the right to have information withheld from them regarding their medical condition. Physicians must respect their wish not to know, but should also explore the patient concerns to better understand their preferences and maximize their involvement in subsequent medical decision making.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient autonomy
Subject	System	Topic

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A 30-year-old woman comes to the gynecologist's office for an annual physical examination. The patient is in good health and does not report any symptoms. She shares that she has been reading about tubal ligation and would like to undergo the procedure because she is tired of using oral contraceptives and does not want to have children. She has had no adverse effects to oral contraceptives. The patient has been married for 10 years and describes the relationship as very stable. Which of the following is the most appropriate response to the patient's request for tubal ligation?

A. "I appreciate your reasoning for wanting a more permanent solution; have you talked about this decision with your spouse?"

B. "I can see you've thought about this procedure; let's talk about the risks and benefits of tubal ligation."

C. "I'm glad you haven't had adverse effects with oral contraceptives; what do you find to be most bothersome about taking the pill?"

D. "It is difficult to take a pill every day, but there are other long-term birth control options we could discuss."

E. "This procedure is very difficult to reverse; let's discuss why it is not recommended for women your age."

Submit

A 30-year-old woman comes to the gynecologist's office for an annual physical examination. The patient is in good health and does not report any symptoms. She shares that she has been reading about tubal ligation and would like to undergo the procedure because she is tired of using oral contraceptives and does not want to have children. She has had no adverse effects to oral contraceptives. The patient has been married for 10 years and describes the relationship as very stable. Which of the following is the most appropriate response to the patient's request for tubal ligation?

A. "I appreciate your reasoning for wanting a more permanent solution; have you talked about this decision with your spouse?" (2%)

✓ B. "I can see you've thought about this procedure; let's talk about the risks and benefits of tubal ligation." (67%)

C. "I'm glad you haven't had adverse effects with oral contraceptives; what do you find to be most bothersome about taking the pill?" (20%)

D. "It is difficult to take a pill every day, but there are other long-term birth control options we could discuss." (7%)

E. "This procedure is very difficult to reverse; let's discuss why it is not recommended for women your age." (0%)

Omitted
Correct answer
B

67%
Answered correctly

02 secs
Time Spent

04/27/2020
Last Updated

Explanation

Every individual has **autonomy** over his/her own body, including **reproductive** health **decisions** (eg, sterilization, contraception). In this case, the patient is requesting a specific procedure, and it is the physician's duty to **discuss** the specific **risks and benefits** of a tubal ligation and alternative contraceptive methods. Although the physician should ensure that the patient understands the permanent nature of tubal ligation compared to other forms of birth control, expressing partiality bias at this stage should be avoided. The discussion should be **patient centered** and focus on the patient's own reproductive goals.

Explanation

Every individual has **autonomy** over his/her own body, including **reproductive** health **decisions** (eg, sterilization, contraception). In this case, the patient is requesting a specific procedure, and it is the physician's duty to **discuss** the specific **risks and benefits** of a tubal ligation and alternative contraceptive methods. Although the physician should ensure that the patient understands the permanent nature of tubal ligation compared to other forms of birth control, expressing partiality bias at this stage should be avoided. The discussion should be **patient centered** and focus on the patient's own reproductive goals.

(Choice A) This statement shifts the focus to the patient's partner. Although the physician can encourage the patient to share and discuss her decision to undergo the procedure with her partner, the physician should respect the patient's autonomy and focus on her understanding of the procedure and its risks and benefits.

(Choices C and D) These statements ignore the patient's request for a tubal ligation and shift the focus to exploring her difficulty taking birth control pills, which may be perceived as judgmental and biased. A patient-centered approach should focus on risks and benefits of the procedure the patient is requesting as well as alternatives.

(Choice E) Although this statement provides necessary information regarding the permanence of tubal ligation, it immediately introduces the physician's bias, which may be experienced as coercive (ie, pressuring the patient's decision). The risks and the benefits should be provided to help the patient come to a balanced decision.

Educational objective:
Physicians should support patient autonomy in making reproductive health decisions. Physicians should counsel patients regarding the risks, benefits, and alternatives to any procedure they are requesting.

References

- The collaborative autonomy model of medical decision-making.
- Elements for adequate informed consent in the surgical context.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Informed consent
Subject	System	Topic

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A 65-year-old woman comes to the office accompanied by her husband for follow-up of hypertension. She has been prescribed a thiazide diuretic, and her dose was increased at the last visit due to poorly controlled blood pressure. At today's visit, the patient's blood pressure remains elevated. Her husband says, "I'm trying to do everything I can to get her blood pressure under control. I cook healthy food and remind her to take the medication, but I'm not sure she's taking it." The patient says, "Taking the medication is a hassle; I know my pressure has been high but I feel absolutely fine." Which of the following responses by the physician is the most appropriate?

A. "Given your consistently elevated blood pressure, we'll have to add a second antihypertensive medication."

B. "Let's review how to take your medication and set a reminder on your phone so that you don't forget."

C. "Many patients find it difficult to take medication daily. What hassles have you been experiencing with taking your medication?"

D. "We can consider switching to a different antihypertensive if you don't like the one you're on now."

E. "Would you feel more comfortable discussing medication without your husband present?"

F. "Your husband is correct to be concerned; what is your understanding of why controlling your blood pressure is important for your health?"

Submit

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A 65-year-old woman comes to the office accompanied by her husband for follow-up of hypertension. She has been prescribed a thiazide diuretic, and her dose was increased at the last visit due to poorly controlled blood pressure. At today's visit, the patient's blood pressure remains elevated. Her husband says, "I'm trying to do everything I can to get her blood pressure under control. I cook healthy food and remind her to take the medication, but I'm not sure she's taking it." The patient says, "Taking the medication is a hassle; I know my pressure has been high but I feel absolutely fine." Which of the following responses by the physician is the most appropriate?

A. "Given your consistently elevated blood pressure, we'll have to add a second antihypertensive medication." (0%)

B. "Let's review how to take your medication and set a reminder on your phone so that you don't forget." (0%)

✓ C. "Many patients find it difficult to take medication daily. What hassles have you been experiencing with taking your medication?" (84%)

D. "We can consider switching to a different antihypertensive if you don't like the one you're on now." (0%)

E. "Would you feel more comfortable discussing medication without your husband present?" (5%)

F. "Your husband is correct to be concerned; what is your understanding of why controlling your blood pressure is important for your health?" (9%)

Omitted
Correct answer
C

84%
Answered correctly

01 sec
Time Spent

06/06/2020
Last Updated

Explanation

Nonadherence to medication is a common cause of poor clinical outcomes. Sustaining medication adherence for chronic, **asymptomatic medical conditions** (ie, "silent illnesses"), such as hypertension, is particularly difficult. This patient is likely nonadherent with medication, but her

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Nonadherence to medication is a common cause of poor clinical outcomes. Sustaining medication adherence for chronic, **asymptomatic medical conditions** (ie, "silent illnesses"), such as hypertension, is particularly difficult. This patient is likely nonadherent with medication, but her specific concerns about taking the antihypertensive are unclear. There may be multiple reasons for nonadherence, including inadequate understanding of the illness and the role of medication, complicated regimens, medication cost, side effects, illness perceptions, treatment beliefs, and psychological factors (eg, depression, anxiety, cognitive impairment, denial).

The best initial approach is to make the patient feel supported by **normalizing her difficulty** with adherence, followed by **open-ended** and **nonjudgmental exploration** of her reason(s) for nonadherence. Once an alliance is established and the specific factors are identified, the physician can more effectively intervene with a targeted intervention. Strategies to improve adherence include educating the patient; simplifying regimens; choosing generic (less costly) medications; addressing side effects and psychological issues; and increasing supervision, monitoring, and follow-up.

(Choices A and D) It would be inappropriate to recommend a change in medication or addition of a second medication without first addressing her likely nonadherence. These interventions could be considered if her blood pressure remained poorly controlled despite medication adherence.

(Choice B) Reviewing the patient's regimen and offering suggestions on how to improve adherence would be premature without first understanding the patient's perspective and exploring her specific concerns about taking her medication.

(Choice E) If the patient seemed reluctant to discuss her medication usage with her husband in the room, the physician might suggest that they speak with her husband not present. There is no evidence to suggest that this is necessary at this time.

(Choice F) Although assessing the patient's understanding of hypertension is important in providing targeted education, this statement aligns the physician with the husband rather than with the patient. She may feel attacked, which could put her on the defensive.

Educational objective:
Identifying and managing nonadherence is critical to improving outcomes for many chronic conditions, including hypertension. Creating an alliance by validating the patient's perspective and using an open-ended, nonjudgmental question is the most effective way to initiate a discussion.

References

- How do providers assess antihypertensive medication adherence in medical encounters?

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A 54-year-old man comes to the office for an initial appointment to evaluate lower back pain. The patient's medical record shows that he has seen several physicians for back pain treatment. He has been prescribed multiple pain medications and physical rehabilitation services but often stopped prematurely or did not follow through with recommendations. At the beginning of the visit the patient says, "I'm tired of living with back pain, and I haven't been able to work in years. Nothing has helped me—at this point I might as well just give up and go on disability." Which of the following statements is the most appropriate initial response to this patient?

A. "Although previous medications have not worked, consultation with a pain specialist may be helpful."

B. "I understand the difficulty of your situation, but applying for disability will not improve your back pain."

C. "I understand your frustration, but it is difficult to help when you think nothing will work."

D. "It must be frustrating to have chronic back pain and feel like there are no options to ease your suffering."

E. "Your chances of improving would be better if you followed recommendations and remained in treatment."

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A. "Although previous medications have not worked, consultation with a pain specialist may be helpful." (5%)

B. "I understand the difficulty of your situation, but applying for disability will not improve your back pain." (3%)

C. "I understand your frustration, but it is difficult to help when you think nothing will work." (2%)

✓ D. "It must be frustrating to have chronic back pain and feel like there are no options to ease your suffering." (84%)

E. "Your chances of improving would be better if you followed recommendations and remained in treatment." (3%)

Omitted
Correct answer
D

84%
Answered correctly

02 secs
Time Spent

03/12/2020
Last Updated

Explanation

This physician is confronted by a patient who has not experienced benefit from previous treatment and **feels hopeless** that his condition will improve. Such challenging patients can often cause the physician to feel defensive, manipulated, or hopeless as well, leading to premature referral to a specialist.

Although strategies to improve treatment adherence will be important for improving outcomes, the best initial approach is to **build** the **physician-patient relationship** by **empathizing** with the **patient's frustration** and **disappointment** with past treatments. In this way, the patient will feel

Explanation

This physician is confronted by a patient who has not experienced benefit from previous treatment and **feels hopeless** that his condition will improve. Such challenging patients can often cause the physician to feel defensive, manipulated, or hopeless as well, leading to premature referral to a specialist.

Although strategies to improve treatment adherence will be important for improving outcomes, the best initial approach is to **build** the **physician-patient relationship** by **empathizing** with the **patient's frustration** and **disappointment** with past treatments. In this way, the patient will feel understood rather than blamed for past treatment failures, and he will be more willing to work with the physician to develop a collaborative plan focused on realistic goals.

(Choice A) This patient requires a thorough history and physical examination to assess his condition. Referral to a pain specialist is premature.

(Choice B) This statement is likely to be experienced as unsupportive because it challenges the patient's proposal regarding disability and does not offer any suggestions in its place.

(Choice C) This statement attempts to point out the patient's help-rejecting pattern of behavior, but it would likely be perceived as judgmental, especially at this early stage of the physician-patient relationship.

(Choice E) Although at some point the physician should address the importance of adherence to treatment in achieving a better outcome, this statement is critical and blames the patient for past treatment failures. Empathizing with the patient's frustration at this early stage would be more effective in developing a treatment alliance.

Educational objective:
Physicians may become frustrated with a patient who is hopeless about treatment, often compelling the physician to refer the patient to a specialist prematurely. Empathizing with the patient's frustration over past treatment failures can help build the physician-patient relationship.

References

- Managing difficult encounters: understanding physician, patient, and situational factors.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 33-year-old man comes to the office due to back pain. He has a 2-week history of moderate pain in the lumbar area that started after a long day of yard work. There is no associated fever, motor weakness, or urinary symptoms. The patient has no history of acute trauma and medical history is unremarkable. Examination shows normal lower extremity strength, sensation, and reflexes. Straight-leg raising test is negative. The patient says, "My brother had similar pain last year and his MRI scan showed a bulging disc. Can you order that test for me?" The clinician offers options for symptomatic relief but recommends against performing any imaging studies. Which of the following is the most likely effect of this recommendation?

A. Increased diagnostic uncertainty
B. Increased fragmentation of care
C. Increased health care disparity
D. Increased malpractice risk
E. Reduced clinical standardization
F. Reduced overutilization

Submit

A 33-year-old man comes to the office due to back pain. He has a 2-week history of moderate pain in the lumbar area that started after a long day of yard work. There is no associated fever, motor weakness, or urinary symptoms. The patient has no history of acute trauma and medical history is unremarkable. Examination shows normal lower extremity strength, sensation, and reflexes. Straight-leg raising test is negative. The patient says, "My brother had similar pain last year and his MRI scan showed a bulging disc. Can you order that test for me?" The clinician offers options for symptomatic relief but recommends against performing any imaging studies. Which of the following is the most likely effect of this recommendation?

- A. Increased diagnostic uncertainty (5%)
- B. Increased fragmentation of care (2%)
- C. Increased health care disparity (1%)
- D. Increased malpractice risk (1%)
- E. Reduced clinical standardization (3%)
- ✓ F. Reduced overutilization (86%)

Omitted
Correct answer
F

86%
Answered correctly

02 secs
Time Spent

03/27/2020
Last Updated

Explanation

Overutilization	
	Services (tests or treatments) that:

Overutilization	
Definition	Services (tests or treatments) that: • Are not reasonably expected to benefit the patient • Are not necessary for clinical decision-making
Strategies to reduce overutilization	• Determine how a test will affect management before ordering • Use evidence-based practice guidelines that emphasize services with proven benefit • Avoid redundant tests & treatment

This patient has acute, uncomplicated low back pain (LBP) with no "red-flag" features (eg, fever, neurologic deficits) to suggest a serious cause. Uncomplicated LBP usually resolves spontaneously, and management is directed toward providing temporary symptomatic relief. Imaging (eg, x-ray, MRI scan) is generally not recommended because it does not improve outcomes or provide necessary information for optimal management.

Overutilization refers to provision of **unnecessary services** that are not expected to improve **patient outcomes** or meaningfully change **management**. Patient–centered health care requires care to be delivered with respect to the patients' concerns, preferences, and priorities, but does not require unnecessary testing or treatment if patient input is otherwise solicited and respected when appropriate. MRI in uncomplicated LBP increases overutilization and is therefore not recommended for this patient.

(Choice A) Spinal MRI often identifies nonspecific abnormalities (eg, bulging intervertebral discs) that are not relevant to management but can lead to further unnecessary and potentially harmful diagnostic studies and interventions. Because of the frequency of such abnormalities, even in asymptomatic individuals, it is often not clear whether they are the actual cause of pain or merely an incidental finding. Deferring imaging therefore decreases, rather than increases, diagnostic uncertainty.

(Choice B) Fragmentation of health care refers to breaking up care across multiple providers and facilities without adequate cross communication. Declining to order unnecessary tests does not lead to fragmentation.

(Choice C) Health care disparity refers to differences in access to care or outcomes due to socioeconomic or demographic factors. Careful and appropriate use of diagnostic studies does not increase disparity.

(Choice D) Malpractice liability risk correlates most closely with provider-patient communication and perceived level of concern. Appropriate use

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(Choice B) Fragmentation of health care refers to breaking up care across multiple providers and facilities without adequate cross communication. Declining to order unnecessary tests does not lead to fragmentation.

(Choice C) Health care disparity refers to differences in access to care or outcomes due to socioeconomic or demographic factors. Careful and appropriate use of diagnostic studies does not increase disparity.

(Choice D) Malpractice liability risk correlates most closely with provider-patient communication and perceived level of concern. Appropriate use of diagnostic studies, especially as it conforms to evidence-based guidelines, does not increase malpractice risk.

(Choice E) Clinical standardization refers to consistency of management decisions within and across provider groups. Care that conforms to established guidelines increases, not decreases, standardization.

Educational objective:
Overutilization refers to provision of services that are not expected to improve patient outcomes or meaningfully change management. Patient–centered health care requires care to be delivered with respect to patients' concerns, preferences, and priorities, but does not require unnecessary testing or treatment if patient input is otherwise solicited and respected when appropriate.

References

- Managing inappropriate utilization of laboratory resources.
- Mechanical low back pain.

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A 25-year-old man is brought to the emergency department by his wife after vomiting at a party. The patient admits to drinking 4 glasses of wine and some vodka and says he feels better now. Temperature is 37.8 C (100 F), blood pressure is 100/50 mm Hg, pulse is 106/min, and respirations are 14/min. Physical examination is remarkable for blood-tinged vomitus on the patient's shirt and shoes. Abdominal examination reveals epigastric tenderness on palpation. On mental status examination, the patient is alert, cooperative, and fully oriented. Blood alcohol level is 70 mg/dL (0.07% blood alcohol content). The physician recommends laboratory evaluation, including complete blood count, comprehensive metabolic panel, amylase, and lipase. The patient insists that he is fine and wants to go home. Which of the following is the most appropriate course of action?

A. Ask the patient's wife for consent to proceed with laboratory evaluation

B. Discharge the patient with instructions to return to the hospital as needed

C. Do not allow the patient to leave the hospital due to elevated blood alcohol content

D. Explain the potential risks of leaving the hospital without further evaluation

E. Hold patient involuntarily due to imminent medical harm and elevated blood alcohol content

Submit

A 25-year-old man is brought to the emergency department by his wife after vomiting at a party. The patient admits to drinking 4 glasses of wine and some vodka and says he feels better now. Temperature is 37.8 C (100 F), blood pressure is 100/50 mm Hg, pulse is 106/min, and respirations are 14/min. Physical examination is remarkable for blood-tinged vomitus on the patient's shirt and shoes. Abdominal examination reveals epigastric tenderness on palpation. On mental status examination, the patient is alert, cooperative, and fully oriented. Blood alcohol level is 70 mg/dL (0.07% blood alcohol content). The physician recommends laboratory evaluation, including complete blood count, comprehensive metabolic panel, amylase, and lipase. The patient insists that he is fine and wants to go home. Which of the following is the most appropriate course of action?

- A. Ask the patient's wife for consent to proceed with laboratory evaluation (4%)
- B. Discharge the patient with instructions to return to the hospital as needed (5%)
- C. Do not allow the patient to leave the hospital due to elevated blood alcohol content (7%)
- ✓ D. Explain the potential risks of leaving the hospital without further evaluation (75%)
- E. Hold patient involuntarily due to imminent medical harm and elevated blood alcohol content (7%)

Omitted
Correct answer
D

75%
Answered correctly

01 sec
Time Spent

06/12/2020
Last Updated

Explanation

Assessment of decision-making capacity	
Criterion	Patient task

Assessment of decision-making capacity	
Criterion	**Patient task**
Communicates a choice	Patient able to clearly indicate preferred treatment option
Understands information provided	Patient understands condition & treatment options
Appreciates consequences	Patient acknowledges having condition & likely consequences of treatment options, including no treatment
Rationale given for decision	Patient able to weigh risks & benefits & offer reasons for decision

This patient is declining diagnostic tests and requesting to leave the hospital. Whenever a patient **refuses medical intervention**, decision-making capacity must be assessed. Part of this process includes explaining the risks, benefits, and alternatives to the proposed intervention, including the risks of no intervention, so that the patient can make an informed medical decision.

Alcohol intoxication can result in impaired memory, cognition, and judgment, resulting in an impaired ability to understand information or fully appreciate the consequences of one's decisions. Therefore, given this patient's recent alcohol ingestion, the physician must be especially careful to **assess** the patient's ability to understand the risks of refusing further evaluation. The patient should not be discharged unless his **decision-making capacity** is first judged to be intact **(Choice B)**. If the patient is able to communicate an understanding of his condition and the risks of declining treatment but still refuses, it would be appropriate to discharge him against medical advice.

(Choice A) A surrogate decision-maker, such as the patient's wife, would be necessary only if the patient was judged to lack decision-making capacity.

(Choices C and E) This patient is not at risk of imminent harm, and the blood alcohol level alone is not a criterion for holding him involuntarily. The patient's capacity to make decisions must be assessed. Patients with decision-making capacity have the right to refuse treatment, even if the decision seems unwise.

Educational objective:
Patients who refuse medical interventions must be assessed for decision-making capacity. Patients with decision-making capacity have the right

Rationale given for decision	Patient able to weigh risks & benefits & offer reasons for decision

This patient is declining diagnostic tests and requesting to leave the hospital. Whenever a patient **refuses medical intervention**, decision-making capacity must be assessed. Part of this process includes explaining the risks, benefits, and alternatives to the proposed intervention, including the risks of no intervention, so that the patient can make an informed medical decision.

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(Choice A) A surrogate decision-maker, such as the patient's wife, would be necessary only if the patient was judged to lack decision-making capacity.

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Educational objective:
Patients who refuse medical interventions must be assessed for decision-making capacity. Patients with decision-making capacity have the right to refuse treatment.

References

- "I'm Going Home": Discharges Against Medical Advice.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Decision making capacity
Subject	System	Topic

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A resident physician is on her way to morning signout after her overnight shift and gets into an elevator crowded with nurses and other hospital staff members. The medical student on the team gets on the elevator and asks the resident how her shift went. During the conversation, the student is careful not to mention the patient's name, asking, "Did the patient in Room 232 get her CT scan?" Which of the following is the most appropriate response to the student?

A. "Discussing patient information in a public setting is against hospital policy."

B. "I have the brain scan results and can discuss them with you later."

C. "Let me pull up the results on my phone."

D. "Let's wait until morning signout to discuss all of the patients."

E. "The scan is normal."

F. "The scan was read, but ask the daytime resident about the results."

Submit

A resident physician is on her way to morning signout after her overnight shift and gets into an elevator crowded with nurses and other hospital staff members. The medical student on the team gets on the elevator and asks the resident how her shift went. During the conversation, the student is careful not to mention the patient's name, asking, "Did the patient in Room 232 get her CT scan?" Which of the following is the most appropriate response to the student?

- A. "Discussing patient information in a public setting is against hospital policy." (32%)
- B. "I have the brain scan results and can discuss them with you later." (18%)
- C. "Let me pull up the results on my phone." (0%)
- ✓ D. "Let's wait until morning signout to discuss all of the patients." (46%)
- E. "The scan is normal." (0%)
- F. "The scan was read, but ask the daytime resident about the results." (2%)

Omitted
Correct answer
D

46%
Answered correctly

01 sec
Time Spent

04/28/2020
Last Updated

Explanation

Physicians have an ethical responsibility to **protect patient confidentiality**, including during interactions with other healthcare team members in **public places** and non-medical settings. In situations where discussion of patient's healthcare information may be overheard, it is prudent to **avoid discussing any information** regarding potential patients. Physicians should maintain strict standards of confidentiality in any public setting, including in the presence of other health care professionals not involved in the patient's care.

In this case, although the medical student has not used the patient's name, the room number can easily be connected to the patient by anyone

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Explanation

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In this case, although the medical student has not used the patient's name, the room number can easily be connected to the patient by anyone who may overhear, thereby violating the patient's privacy under the Health Insurance Portability and Accountability Act (HIPAA). The most advisable course of action is to **defer the conversation** to a more appropriate and private setting outside the elevator.

(Choice A) Although this statement is correct, publicly admonishing the student is not the best approach. Discussing the matter privately during signout is preferred.

(Choices B, C, E, and F) These responses violate patient privacy as they acknowledge that the patient received a CT scan. Disclosing information about a patient's hospital course in a public setting, even if the patient's name is not discussed, is inappropriate.

Educational objective:
Physicians must be cautious about discussing protected patient health information in public places, including public settings within the hospital, even with other medical personnel. Conversations regarding patients should be deferred to a later time when a more private setting can be arranged.

References

- Confidentiality breaches in clinical practice: what happens in hospitals?

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Patient confidentiality
Subject	System	Topic

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A 13-year-old boy is brought to the physician by his mother for a routine physical examination and follow-up of type 1 diabetes mellitus. The patient appears irritated, and his mother begins the visit by exclaiming, "Here's the doctor; he's going to tell you how badly you've been doing." Laboratory tests show a random blood glucose of 350 mg/dL and a hemoglobin A1c of 9% (normal: <6%-7%). When the physician asks the patient how he is doing with his insulin, the mother interrupts and shouts, "He never remembers to use it!" When the boy is asked about his diet, the mother puts her hands on her hips, glares at her son, and says, "Pizza, soda, and candy!" After acknowledging the mother's concerns regarding diabetic control, which of the following is the most appropriate course of action?

- A. Ask the mother if she has any concerns about the patient's mood
- B. Ask the patient if he agrees with his mother's responses
- C. Ask the patient if he has felt irritable most days of the week
- D. Explain to the mother that her critical tone may discourage the patient
- E. Request to speak with the patient alone

Submit

A 13-year-old boy is brought to the physician by his mother for a routine physical examination and follow-up of type 1 diabetes mellitus. The patient appears irritated, and his mother begins the visit by exclaiming, "Here's the doctor; he's going to tell you how badly you've been doing." Laboratory tests show a random blood glucose of 350 mg/dL and a hemoglobin A1c of 9% (normal: <6%-7%). When the physician asks the patient how he is doing with his insulin, the mother interrupts and shouts, "He never remembers to use it!" When the boy is asked about his diet, the mother puts her hands on her hips, glares at her son, and says, "Pizza, soda, and candy!" After acknowledging the mother's concerns regarding diabetic control, which of the following is the most appropriate course of action?

- A. Ask the mother if she has any concerns about the patient's mood (0%)
- B. Ask the patient if he agrees with his mother's responses (7%)
- C. Ask the patient if he has felt irritable most days of the week (1%)
- D. Explain to the mother that her critical tone may discourage the patient (3%)
- ✓ E. Request to speak with the patient alone (87%)

Omitted
Correct answer
E

87%
Answered correctly

01 sec
Time Spent

03/12/2020
Last Updated

Explanation

This patient's type 1 diabetes mellitus is poorly managed on his current treatment regimen, as indicated by a random blood glucose >200 mg/dL and hemoglobin A1c of 9.0%. The physician is confronted by an angry, critical parent who does not allow the patient to speak. Continuing the visit in the presence of the patient's mother will likely lead to unproductive conflict or the patient pacifying his mother by agreeing with her or allowing her to continue to speak for him **(Choice B)**.

This patient's type 1 diabetes mellitus is poorly managed on his current treatment regimen, as indicated by a random blood glucose >200 mg/dL and hemoglobin A1c of 9.0%. The physician is confronted by an angry, critical parent who does not allow the patient to speak. Continuing the visit in the presence of the patient's mother will likely lead to unproductive conflict or the patient pacifying his mother by agreeing with her or allowing her to continue to speak for him **(Choice B)**.

The best course of action is to acknowledge the mother's concerns and politely ask her to wait outside while the physician speaks with the patient privately. This will allow the patient to be more open about his difficulty managing his diabetes and to discuss any personal concerns that may be having an impact. All **adolescent visits** should include an opportunity to **interview the patient alone** to discuss topics such as drugs, alcohol, tobacco, and sexual activity.

(Choices A and C) Although this patient appears irritable and assessing his mood further is important, this should be done with the patient alone, where he can openly describe how he is feeling without his mother present. Although asking the mother if she has concerns about her son's mood may provide additional information, it is unlikely to give an accurate picture of his mood given the mother's angry frustration with his behavior.

(Choice D) This statement is likely to be perceived as judgmental and to antagonize the mother, especially if it is delivered in front of the patient. A more productive approach is to speak with the patient privately and model appropriate behavior in joint discussions with the patient and mother.

Educational objective:
In situations in which a parent's presence may interfere with obtaining honest answers from an adolescent patient, physicians should politely ask the parent to wait outside and interview the patient privately. All adolescent visits should include an opportunity to interview the patient alone to discuss topics such as drugs, alcohol, tobacco, and sexual activity.

References

- Talking to adolescents about alcohol, drugs and sexuality.
- Parental involvement and adolescents' diabetes management: the mediating role of self-efficacy and externalizing and internalizing behaviors.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 64-year-old woman is brought to the emergency department by her husband and a friend. The patient was diagnosed with aplastic anemia a year ago. She has responded poorly to immunosuppressive therapy and has required multiple blood transfusions. The patient is currently febrile, disoriented, and unable to respond to questions. Complete blood count shows pancytopenia. During the evaluation, the friend presents the physician with a notarized health care proxy document, signed a month ago, in which the patient designated the friend as her proxy. The friend tells the physician that the patient did not want to undergo any further blood transfusions. The husband adamantly insists that the patient receive a blood transfusion and says that it is what she would have wanted. Who should make the decision regarding the transfusion?

A. Courts
B. Ethics committee
C. Friend
D. Husband
E. Patient
F. Physician

Submit

A 64-year-old woman is brought to the emergency department by her husband and a friend. The patient was diagnosed with aplastic anemia a year ago. She has responded poorly to immunosuppressive therapy and has required multiple blood transfusions. The patient is currently febrile, disoriented, and unable to respond to questions. Complete blood count shows pancytopenia. During the evaluation, the friend presents the physician with a notarized health care proxy document, signed a month ago, in which the patient designated the friend as her proxy. The friend tells the physician that the patient did not want to undergo any further blood transfusions. The husband adamantly insists that the patient receive a blood transfusion and says that it is what she would have wanted. Who should make the decision regarding the transfusion?

- A. Courts (1%)
- B. Ethics committee (2%)
- ✓ C. Friend (89%)
- D. Husband (3%)
- E. Patient (1%)
- F. Physician (1%)

Omitted
Correct answer
C

89%
Answered correctly

01 sec
Time Spent

07/08/2020
Last Updated

Explanation

A **health care proxy** (durable power of attorney for health care) is a legal document specifying a person chosen by the patient to make health care decisions in the event the patient becomes incapacitated and cannot make decisions for him/herself. The proxy is obligated to "speak" for the patient and **make decisions in accordance with what the patient would have wanted**. This patient has designated her friend (not her

Explanation

A **health care proxy** (durable power of attorney for health care) is a legal document specifying a person chosen by the patient to make health care decisions in the event the patient becomes incapacitated and cannot make decisions for him/herself. The proxy is obligated to "speak" for the patient and **make decisions in accordance with what the patient would have wanted**. This patient has designated her friend (not her husband) as her health care proxy and, therefore, the friend's decisions should be respected. One might reasonably assume that the patient purposely chose the friend because she felt that the friend would best represent her wishes. Legally, the designated **health care proxy overrules all other decision makers** regardless of family relationships.

In the absence of a health care proxy or advance directive, family members typically serve as surrogate decision makers in the following order: spouse, adult children, parents, siblings. If the patient had not designated a health care proxy, the husband would be allowed to serve as his wife's surrogate decision maker as her next of kin **(Choice D)**. Situations in which family members disagree and there is no proxy can be referred to the ethics committee or, as a last resort, to the courts **(Choices A and B)**.

(Choice E) The patient is currently disoriented and lacks decision-making capacity; therefore, she is unable to either consent to or refuse treatment.

(Choice F) The physician is obligated to respect the patient's wishes as communicated by her chosen health care proxy.

Educational objective:
A health care proxy is a person legally designated to make medical decisions in the event the patient loses decision-making capacity. The proxy overrules all other possible surrogate decision makers, including family members.

References

- Ethics update: lessons learned from Terri Schiavo: the importance of healthcare proxies in clinical decision-making.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Advance directive/surrogate decision maker
Subject	System	Topic

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A 49-year-old woman is transferred from a community hospital to a tertiary care center for management of an acute exacerbation of chronic obstructive pulmonary disease. The patient receives care overnight from a hospitalist, who transfers care to the teaching service in the morning. The medical team now responsible for the patient meets with her for the first time during morning rounds. The attending physician introduces the team and explains that the patient will be interviewed by the intern. The patient then addresses the intern by his first name and mentions, "You remind me so much of my son. He's very smart and looks a lot like you." Which of the following actions by the intern would be most appropriate to begin the interview?

A. Address the patient by her first name and ask about current symptoms

B. Address the patient by her first name and ask if she is comfortable with that

C. Address the patient by her surname and ask about current symptoms

D. Greet the patient and inquire about her preferred form of address

E. Politely ask the patient to use the title of doctor and then inquire about current symptoms

Submit

A 49-year-old woman is transferred from a community hospital to a tertiary care center for management of an acute exacerbation of chronic obstructive pulmonary disease. The patient receives care overnight from a hospitalist, who transfers care to the teaching service in the morning. The medical team now responsible for the patient meets with her for the first time during morning rounds. The attending physician introduces the team and explains that the patient will be interviewed by the intern. The patient then addresses the intern by his first name and mentions, "You remind me so much of my son. He's very smart and looks a lot like you." Which of the following actions by the intern would be most appropriate to begin the interview?

- A. Address the patient by her first name and ask about current symptoms (0%)
- B. Address the patient by her first name and ask if she is comfortable with that (2%)
- C. Address the patient by her surname and ask about current symptoms (14%)
- ✓ D. Greet the patient and inquire about her preferred form of address (75%)
- E. Politely ask the patient to use the title of doctor and then inquire about current symptoms (6%)

Omitted
Correct answer
D

75%
Answered correctly

01 sec
Time Spent

05/12/2020
Last Updated

Explanation

Building a therapeutic physician-patient relationship requires finding an optimal balance between friendliness and professionalism. First impressions are important, and **initial encounters** with new patients often set the tone for the ensuing relationship. Using the patient's **preferred form of address** can help build rapport. Clarifying any uncertainties about pronunciation, titles, or pronouns is important as well. Although younger adults often prefer being called by first name, older patients may take offense at what they consider undue familiarity. When in doubt, the

Building a therapeutic physician-patient relationship requires finding an optimal balance between friendliness and professionalism. First impressions are important, and **initial encounters** with new patients often set the tone for the ensuing relationship. Using the patient's **preferred form of address** can help build rapport. Clarifying any uncertainties about pronunciation, titles, or pronouns is important as well. Although younger adults often prefer being called by first name, older patients may take offense at what they consider undue familiarity. When in doubt, the physician should ask patients their preferred form of address.

As familiarity develops between the physician and patient, many patients will prefer to be addressed by first name. However, it should be the patient, not the physician, who takes the lead in lowering the level of formality. It is better to ask the patient's preference in an open-ended manner rather than make assumptions.

(Choices A and B) Although the patient has addressed the intern by his first name, it is still inappropriate to assume that she wants to be addressed by her first name. The patient's preferred form of address should be clarified first.

(Choice C) This patient has expressed positive feelings toward the intern because he reminds her of her son. Using her surname without clarifying if that is her preference shifts the tone of the interaction and may be perceived as overly formal and distant. Asking her preferred form of address would be best.

(Choice E) Initiating an interview by instructing or correcting the patient in front of the medical team, no matter how gently or politely, may embarrass the patient and result in deterioration of rapport.

Educational objective:
Initial encounters with new patients often set the tone for the physician-patient relationship. When in doubt about how to address patients, the physician should ask them their preferred form of address.

References

- Building trust and rapport early in the new doctor-patient relationship: a longitudinal qualitative study.
- Medical communication: the views of simulated patients.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Physician patient communication
Subject	System	Topic

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A 3-year-old boy is brought to the emergency department with a fever and stiff neck. The child is hospitalized and begins treatment with intravenous antibiotics for a diagnosis of bacterial meningitis. On day 2 of the hospitalization, the mother requests to take the child home and explains that she intends to treat him with homeopathic remedies. She has 4 other children at home who have never needed vaccinations or medication and are "strong and healthy." The physician explains the risks of meningitis, including brain damage and death, but the mother remains unconvinced of the need for hospitalization. Which of the following is the most appropriate course of action?

A. Arrange for a visiting nurse to administer intravenous antibiotics at home

B. Consult the hospital ethics committee

C. Discharge against medical advice with instructions to return if the child's condition deteriorates

D. Discharge the patient on oral antibiotics

E. Obtain a court injunction to mandate continued treatment

Submit

A 3-year-old boy is brought to the emergency department with a fever and stiff neck. The child is hospitalized and begins treatment with intravenous antibiotics for a diagnosis of bacterial meningitis. On day 2 of the hospitalization, the mother requests to take the child home and explains that she intends to treat him with homeopathic remedies. She has 4 other children at home who have never needed vaccinations or medication and are "strong and healthy." The physician explains the risks of meningitis, including brain damage and death, but the mother remains unconvinced of the need for hospitalization. Which of the following is the most appropriate course of action?

A. Arrange for a visiting nurse to administer intravenous antibiotics at home (5%)

B. Consult the hospital ethics committee (13%)

C. Discharge against medical advice with instructions to return if the child's condition deteriorates (19%)

D. Discharge the patient on oral antibiotics (2%)

✓ E. Obtain a court injunction to mandate continued treatment (58%)

Omitted
Correct answer
E

58%
Answered correctly

01 sec
Time Spent

01/28/2020
Last Updated

Explanation

Untreated bacterial meningitis is a medically dangerous and potentially lethal condition. This mother's decision to take her child home and discontinue intravenous (IV) antibiotics after only 2 days places the child and his siblings at significant risk of serious harm and death. Physicians have an ethical duty to advocate for the best interests of the child and, in such cases, should challenge parental authority to make medical decisions for the child. The physician should first attempt to address the parent's concerns about hospitalization and possible misconceptions about the risks of meningitis. When efforts to resolve the situation are unsuccessful, a court order or involvement of a state child protection

Untreated bacterial meningitis is a medically dangerous and potentially lethal condition. This mother's decision to take her child home and discontinue intravenous (IV) antibiotics after only 2 days places the child and his siblings at significant risk of serious harm and death. Physicians have an ethical duty to advocate for the best interests of the child and, in such cases, should challenge parental authority to make medical decisions for the child. The physician should first attempt to address the parent's concerns about hospitalization and possible misconceptions about the risks of meningitis. When efforts to resolve the situation are unsuccessful, a court order or involvement of a state child protection agency may become necessary.

(Choices A and D) Children with bacterial meningitis are at especially high risk for complications (eg, increased intracranial pressure, seizures) during the first few days of treatment and require hospital level of care. Oral antibiotics do not adequately penetrate the cerebrospinal fluid and are not a substitute for IV antibiotics. In addition, the mother has stated her intention to pursue homeopathic treatment and would be unlikely to comply with either oral or IV antibiotics.

(Choice B) The physician's ethical duty to act in the child's best interest is clear in this case. The hospital ethics committee should be consulted when a clinician is confronted with an ethically difficult situation.

(Choice C) Discharging the patient against medical advice would be an acceptable choice if the patient were a competent adult. The physician must act to protect the child's life despite parental wishes.

Educational objective:
Parents' authority to make medical decisions for their children can be challenged in cases in which a child is at significant risk for harm. Physicians are justified in obtaining a court injunction to proceed with life-saving medical treatment of the child.

References

- The limits of parental responsibility regarding medical treatment decisions.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Decision making capacity
Subject	System	Topic

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A 68-year-old man is brought to the emergency department by a friend who saw the patient "pass out" while having drinks and dinner. The patient's medical history includes chronic obstructive pulmonary disease, hypertension, coronary artery disease, and alcohol abuse. He is unmarried and lives alone. The friend says the patient has a sister who lives in the area but is unaware of when they last spoke. The friend has known the patient for 5 years and says that they are "good buddies." He tells the physician that they have discussed dying and that he believes the patient would prefer to "go naturally" and would refuse any heroic measures, including "being hooked up to a ventilator." The patient is somnolent and unable to answer questions. Despite oxygen supplementation, his pulse oximetry shows decreasing oxygen saturation and he may require intubation. Which of the following is the most appropriate course of action?

A. Attempt to contact the patient's sister for consent to intubate

B. Consult the hospital ethics committee

C. Do not intubate based on the friend's report of the patient's wishes

D. Plan to proceed with intubation

E. Wait to see if the patient improves on oxygen and can sign consent

Submit

A 68-year-old man is brought to the emergency department by a friend who saw the patient "pass out" while having drinks and dinner. The patient's medical history includes chronic obstructive pulmonary disease, hypertension, coronary artery disease, and alcohol abuse. He is unmarried and lives alone. The friend says the patient has a sister who lives in the area but is unaware of when they last spoke. The friend has known the patient for 5 years and says that they are "good buddies." He tells the physician that they have discussed dying and that he believes the patient would prefer to "go naturally" and would refuse any heroic measures, including "being hooked up to a ventilator." The patient is somnolent and unable to answer questions. Despite oxygen supplementation, his pulse oximetry shows decreasing oxygen saturation and he may require intubation. Which of the following is the most appropriate course of action?

- ✓ A. Attempt to contact the patient's sister for consent to intubate (51%)
- B. Consult the hospital ethics committee (3%)
- C. Do not intubate based on the friend's report of the patient's wishes (12%)
- D. Plan to proceed with intubation (29%)
- E. Wait to see if the patient improves on oxygen and can sign consent (2%)

Omitted
Correct answer
A

51%
Answered correctly

01 sec
Time Spent

06/16/2020
Last Updated

Explanation

Ideally, physicians should determine a patient's wishes regarding resuscitation when the patient still has decision-making capacity and encourage the patient to document advance directives and identify a health care proxy. If an incapacitated patient does not have an advanced directive designating a proxy, a patient's **family member** can act as the **surrogate decision maker**. If the patient has **no family, then a person who**

Explanation

Ideally, physicians should determine a patient's wishes regarding resuscitation when the patient still has decision-making capacity and encourage the patient to document advance directives and identify a health care proxy. If an incapacitated patient does not have an advanced directive designating a proxy, a patient's **family member** can act as the **surrogate decision maker**. If the patient has **no family, then a person who cares about and knows** the patient's wishes can act as a substitute **(Choice C)**. A substituted decision is one that the surrogate believes the patient would have chosen.

This patient lacks capacity to give informed consent. He has a sister, and an attempt should be made to contact her regarding the decision to intubate. If the patient did not have family available, then the advice of his friend could be used as substituted judgment.

(Choices B and E) Waiting for the patient's mental status to improve or consulting the hospital ethics committee would be inappropriate given the potential for the patient's respiratory status to deteriorate rapidly.

(Choice D) In this case, intubation is not emergent, and an effort should be made to contact the patient's sister. In an emergency, the physician should use clinical judgment and act promptly, and can do so without consent if necessary.

Educational objective:
In the absence of an advance directive and designated health care proxy, a family member of an incapacitated patient should be contacted to act as a surrogate decision maker, followed by a person who cares about and knows the patient's wishes. In an emergency, the physician can treat an incapacitated patient without obtaining consent.

References

- Patient preferences and surrogate decision making in neuroscience intensive care units.
- Biologically-related or emotionally-connected: who would be the better surrogate decision-maker?

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Decision making capacity
Subject	System	Topic

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A 55-year-old woman with advanced metastatic breast cancer comes to the emergency department for evaluation of dyspnea and tachycardia. The resident evaluates the patient and orders an echocardiogram, which confirms the presence of a pericardial effusion. The surgery team is consulted, and the surgical attending informs the patient that a pericardiocentesis is necessary. The attending surgeon then receives an urgent page and asks the resident to obtain informed consent for the procedure. The surgery resident has neither observed nor performed a pericardiocentesis but has recently read an article about malignant pericardial effusions. Which of the following is the most appropriate course of action by the resident?

- A. Ask an attending in the emergency department to assist with the informed consent discussion
- B. Ask the attending surgeon to obtain informed consent for the procedure
- C. Give the patient time to carefully read the consent form and return with a witness to obtain her signature
- D. Obtain the patient's signature and assure her the surgeon can answer questions before the procedure
- E. Research the procedure thoroughly and then obtain informed consent for the procedure

Submit

A 55-year-old woman with advanced metastatic breast cancer comes to the emergency department for evaluation of dyspnea and tachycardia. The resident evaluates the patient and orders an echocardiogram, which confirms the presence of a pericardial effusion. The surgery team is consulted, and the surgical attending informs the patient that a pericardiocentesis is necessary. The attending surgeon then receives an urgent page and asks the resident to obtain informed consent for the procedure. The surgery resident has neither observed nor performed a pericardiocentesis but has recently read an article about malignant pericardial effusions. Which of the following is the most appropriate course of action by the resident?

- A. Ask an attending in the emergency department to assist with the informed consent discussion (25%)
- ✓ B. Ask the attending surgeon to obtain informed consent for the procedure (58%)
- C. Give the patient time to carefully read the consent form and return with a witness to obtain her signature (3%)
- D. Obtain the patient's signature and assure her the surgeon can answer questions before the procedure (2%)
- E. Research the procedure thoroughly and then obtain informed consent for the procedure (11%)

Omitted
Correct answer
B

58%
Answered correctly

01 sec
Time Spent

04/15/2020
Last Updated

Explanation

Obtaining informed consent for treatment	
Participating parties	• Competent adult or surrogate decision-maker • Treating physician or team member*

Obtaining informed consent for treatment	
Participating parties	• Competent adult or surrogate decision-maker • Treating physician or team member*
Description of procedure	• Condition being treated • Proposed treatment • Alternate treatments (if any)
Risk/benefit discussion	• Expected benefits of treatment • Significant risks & potential complications • Risk of untreated condition
Conclusion	• Assessment of patient understanding • Questions answered to patient's satisfaction • Patient consent to proceed • Patient may withdraw consent

* In some jurisdictions, consent may be obtained only by the attending physician.

Informed consent (IC) is a process in which a patient agrees to medical treatment based on an adequate understanding of the pertinent facts. The basic elements include:

- Explanation of the **medical condition**
- Description of the **recommended treatment** (and alternate treatment options)
- Discussion of the **risks and benefits** of treatment
- Opportunity for the patient to ask **questions**

IC is best obtained by the attending physician performing the procedure, who can most adequately explain the procedure in detail and answer any questions. In some jurisdictions, IC may be delegated to another physician or mid-level provider (eg, physician assistant) on the care team;

Informed consent (IC) is a process in which a patient agrees to medical treatment based on an adequate understanding of the pertinent facts.
The basic elements include:

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- Description of the **recommended treatment** (and alternate treatment options)
- Discussion of the **risks and benefits** of treatment
- Opportunity for the patient to ask **questions**

IC is best obtained by the attending physician performing the procedure, who can most adequately explain the procedure in detail and answer any questions. In some jurisdictions, IC may be delegated to another physician or mid-level provider (eg, physician assistant) on the care team; however, the team member must also have a **thorough understanding of the procedure**.

Because of lack of experience with this particular procedure, the resident is not qualified to obtain IC. The resident should therefore ask the attending to return to obtain IC.

(Choice A) The emergency department attending will not have responsibility for performing the procedure and therefore cannot obtain IC.

(Choice C) Patients must be given adequate time to read a consent form but this is not an appropriate replacement for a direct conversation with the physician. Although some institutions require a witness to be present during signing, this does not otherwise alter the obligations for IC.

(Choice D) Patients may ask additional questions regarding treatment after giving consent and may withdraw consent at any time. However, the patient should not sign an IC document prior to an adequate discussion.

(Choice E) While awaiting the attending's return, the resident may obtain additional information to educate the patient. However, reading third-party references without having a thorough understanding of, and experience with, a particular procedure is not adequate to obtain IC, especially for a high-risk procedure (eg, pericardiocentesis).

Educational objective:
Informed consent (IC) should be obtained by the attending physician performing the procedure, who can best explain the procedure and answer any questions. If IC is delegated to another provider on the care team, the team member must thoroughly understand the procedure and be able to answer the patient's questions.

References

Twelve tips for teaching the informed consent conversation.

questions. In some jurisdictions, IC may be delegated to another physician or mid-level provider (eg, physician assistant) on the care team; however, the team member must also have a **thorough understanding of the procedure**.

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Informed consent (IC) should be obtained by the attending physician performing the procedure, who can best explain the procedure and answer any questions. If IC is delegated to another provider on the care team, the team member must thoroughly understand the procedure and be able to answer the patient's questions.

References

- Twelve tips for teaching the informed consent conversation.
- Improving the informed consent conversation: a standardized checklist that is patient centered, quality driven, and legally sound.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Informed consent
Subject	System	Topic

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A 52-year-old woman comes to the clinic to discuss the results of a recent abdominal CT scan. The patient says, "I hope the scan can tell me why I've been losing so much weight. What does it show?" The physician shares that the imaging is suggestive of pancreatic cancer. Upon hearing this, the patient begins to cry while holding her head in her hands. Which of the following is the most appropriate response by the physician?

A. "I know this isn't the news you wanted to hear. Let's talk about the results in a bit more detail."

B. "I wish I had better news to share with you. I imagine this is very upsetting to hear."

C. "It's easy to feel lonely and isolated with news like this. Tell me about the people who support you during difficult times."

D. "This must feel very shocking and unexpected. Fortunately, there have been some advances in treatment recently."

E. "This news would be upsetting to anyone. Let's set up an appointment to discuss the next steps in a few days."

Submit

A 52-year-old woman comes to the clinic to discuss the results of a recent abdominal CT scan. The patient says, "I hope the scan can tell me why I've been losing so much weight. What does it show?" The physician shares that the imaging is suggestive of pancreatic cancer. Upon hearing this, the patient begins to cry while holding her head in her hands. Which of the following is the most appropriate response by the physician?

A. "I know this isn't the news you wanted to hear. Let's talk about the results in a bit more detail." (11%)

✓ B. "I wish I had better news to share with you. I imagine this is very upsetting to hear." (53%)

C. "It's easy to feel lonely and isolated with news like this. Tell me about the people who support you during difficult times." (19%)

D. "This must feel very shocking and unexpected. Fortunately, there have been some advances in treatment recently." (5%)

E. "This news would be upsetting to anyone. Let's set up an appointment to discuss the next steps in a few days." (9%)

Omitted
Correct answer
B

53%
Answered correctly

02 secs
Time Spent

05/12/2020
Last Updated

Explanation

SPIKES protocol for delivering serious news	
Set the stage	• Arrange for a private, comfortable setting • Introduce patient/family & team members • Maintain eye contact & sit at the same level • Schedule appropriate time interval & minimize interruptions
Perception	• Use open-ended questions to assess the patient's/family's perception of the medical situation

SPIKES protocol for delivering serious news	
Set the stage	• Arrange for a private, comfortable setting • Introduce patient/family & team members • Maintain eye contact & sit at the same level • Schedule appropriate time interval & minimize interruptions
Perception	• Use open-ended questions to assess the patient's/family's perception of the medical situation
Invitation	• Ask patient/family how much information they would like to know • Remain cognizant of cultural, educational & religious issues
Knowledge	• Warn the patient/family that serious news is coming • Speak in simple & straightforward terms • Stop & check for understanding
Empathy	• Express understanding & give support when responding to emotions
Summary & strategy	• Summarize & create follow-through plan, including end-of-life discussions if applicable

In this case, the physician has just delivered serious news and must respond sensitively to a crying patient. The most appropriate response is to **acknowledge** the patient's **distress**, express empathy, and allow the patient **time to process** the news. The patient should be allowed to cry without redirection of the conversation or assumption about how much information she wants to know at this point. Once the patient is able to converse, the physician can gently explore her feelings and respond to any questions, allowing the patient to take the lead in the discussion (eg, ask the patient how much information she would like to know at this point).

Models have been developed to guide clinicians in delivering serious news. The **SPIKES protocol**, originally developed for cancer patients, can be adapted to conversations with patients in many situations (eg, medical futility discussion, STI results).

(Choice A) This response immediately redirects the focus of the visit to discussion of results and does not allow the patient time to process the news and express her emotions. Instead, the physician should follow the patient's lead and answer any questions that arise.

(Choice C) This response prematurely redirects the visit to discussing the patient's support system rather than allowing the patient to express her

In this case, the physician has just delivered serious news and must respond sensitively to a crying patient. The most appropriate response is to **acknowledge** the patient's **distress**, express empathy, and allow the patient **time to process** the news. The patient should be allowed to cry without redirection of the conversation or assumption about how much information she wants to know at this point. Once the patient is able to converse, the physician can gently explore her feelings and respond to any questions, allowing the patient to take the lead in the discussion (eg, ask the patient how much information she would like to know at this point).

Models have been developed to guide clinicians in delivering serious news. The **SPIKES protocol**, originally developed for cancer patients, can be adapted to conversations with patients in many situations (eg, medical futility discussion, STI results).

(Choice A) This response immediately redirects the focus of the visit to discussion of results and does not allow the patient time to process the news and express her emotions. Instead, the physician should follow the patient's lead and answer any questions that arise.

(Choice C) This response prematurely redirects the visit to discussing the patient's support system rather than allowing the patient to express her emotions and immediate needs.

(Choice D) This statement uses optimism and reassurance by changing the focus to recent advances in treatment. This may have the unintended consequence of discouraging the patient from expressing her emotions and fears about the illness. After acknowledging the patient's emotions, it is preferable to gently explore how much she wants to know about the diagnosis and treatment options at this point.

(Choice E) This response makes the inappropriate assumption that the patient is not ready or does not want to receive additional information during this visit. Instead, the patient should be allowed to express the full range of her emotions and invited to ask any questions. Depending on her response, the physician can educate her about the condition and her options.

Educational objective:
Delivering serious news requires allowing the patient time to process the information and express emotions. Empathic, supportive communication should include acknowledging the patient's distress and being open to answering any questions.

References

- Assessing patient perspectives on receiving bad news: a survey of 1337 patients with life-changing diagnoses.
- Delivering bad or life-altering news.

Behavioral science Social Sciences (Ethics/Legal/Professional) Physician patient communication

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A 26-year-old woman, gravida 1 para 0, at 38 weeks gestation is admitted to the hospital in active labor. Twelve hours after admission, she has a spontaneous vaginal delivery of a baby boy who weighs 3.8 kg (8.4 lb) and has Apgar scores of 8 and 9 at 1 and 5 minutes, respectively. The patient did not receive routine prenatal care. She has no chronic medical conditions and no medication allergies. After delivery, the patient is informed that her son will require erythromycin ointment to prevent an eye infection and possible blindness that can be caused by untreated gonorrhea. The patient says her son does not need treatment because she has never had a sexually transmitted infection. Which of the following is the most appropriate response to this patient?

A. "Although you're refusing what is recommended, I respect your decision to decline treatment and will document it in your chart."

B. "Giving medication to a healthy baby may seem unusual and unnecessary; let's talk about why this treatment is recommended for all newborns."

C. "I'm not assuming you have a sexually transmitted infection, but in case you do, this treatment could prevent serious eye conditions."

D. "Refusing treatment puts your baby at risk for lifelong consequences from an otherwise preventable condition; let's discuss the potential risks of your decision."

E. "Sometimes people can have gonorrhea without obvious symptoms, which is why I'm required to give this medication to all newborns."

Submit

A 26-year-old woman, gravida 1 para 0, at 38 weeks gestation is admitted to the hospital in active labor. Twelve hours after admission, she has a spontaneous vaginal delivery of a baby boy who weighs 3.8 kg (8.4 lb) and has Apgar scores of 8 and 9 at 1 and 5 minutes, respectively. The patient did not receive routine prenatal care. She has no chronic medical conditions and no medication allergies. After delivery, the patient is informed that her son will require erythromycin ointment to prevent an eye infection and possible blindness that can be caused by untreated gonorrhea. The patient says her son does not need treatment because she has never had a sexually transmitted infection. Which of the following is the most appropriate response to this patient?

A. "Although you're refusing what is recommended, I respect your decision to decline treatment and will document it in your chart." (1%)

✓ B. "Giving medication to a healthy baby may seem unusual and unnecessary; let's talk about why this treatment is recommended for all newborns." (78%)

C. "I'm not assuming you have a sexually transmitted infection, but in case you do, this treatment could prevent serious eye conditions." (5%)

D. "Refusing treatment puts your baby at risk for lifelong consequences from an otherwise preventable condition; let's discuss the potential risks of your decision." (9%)

E. "Sometimes people can have gonorrhea without obvious symptoms, which is why I'm required to give this medication to all newborns." (5%)

Omitted
Correct answer
B

78%
Answered correctly

04 secs
Time Spent

04/27/2020
Last Updated

Explanation

This patient is declining recommended treatment for her newborn based on the reasoning that she has not had a sexually transmitted infection.

This patient is declining recommended treatment for her newborn based on the reasoning that she has not had a sexually transmitted infection (STI). This may reflect a lack of understanding that STIs may be asymptomatic and/or lack of knowledge that preventive treatment is recommended for all newborns. The patient should be counseled that prophylactic erythromycin is recommended for all newborns to prevent blindness from *Neisseria gonorrhoeae*.

As part of the process of **informed consent**, all necessary information about **indications** for treatment as well as **risks** and **benefits** of accepting and refusing treatment should be provided, and the patient should be encouraged to ask questions. Whenever a patient declines or is hesitant to accept treatment, the initial step is for the physician to **assess the patient's knowledge**, provide clarification when needed (as in this case), listen to concerns, and understand the specific reasons for the refusal. The process of obtaining informed consent should be conducted in a nonjudgmental and noncoercive way.

(Choices A and E) These statements automatically accept or reject the patient's decision without determining her level of understanding, providing needed clarification, and addressing concerns. Responding to treatment refusal should first involve assessing the patient's understanding of the indications, risks, and benefits of treatment.

(Choice C) The patient has already asserted that she does not have a sexually transmitted illness, and further discussion on this point is likely to be perceived as condescending, which could undermine trust. Treatment is recommended for all newborns, regardless of the patient's history of being treated for an STI.

(Choice D) Although this statement makes a medically valid point, it blames the patient for a worst outcome. Using parental fear and guilt as a coercive tactic should be avoided.

Educational objective:
The process of informed consent involves discussing the indications, risks, and benefits of treatment. Assessing a patient's understanding of the discussion and responding to specific concerns or confusion is essential to obtaining valid consent.

References

- Informed consent—it's more than a signature on a piece of paper.
- Ocular prophylaxis for gonococcal ophthalmia neonatorum: updated evidence report and systematic review for the us preventive services task force

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- Informed consent—it's more than a signature on a piece of paper.
- Ocular prophylaxis for gonococcal ophthalmia neonatorum: updated evidence report and systematic review for the us preventive services task force.
- Parental refusal of vitamin K and neonatal preventive services: a need for surveillance.

Behavioral science	Social Sciences (Ethics/Legal/Professional)	Informed consent
Subject	System	Topic

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An 84-year-old woman is brought to the emergency department by her daughter after falling and hitting her head on the bathroom sink. Her medical conditions include hypertension and cerebrovascular accident with mild residual weakness on the left side. She lives with her daughter, who is her primary caregiver. As the physician interviews the patient, the daughter interrupts and answers all the questions while the patient remains quiet. The daughter describes concerns about worsening fecal incontinence and says, "I am constantly cleaning her up; it's exhausting." When the patient is asked directly how she feels, she replies, "I don't know," and defers to her daughter for a response. On physical examination, the patient appears sad and disheveled. There is a bruise on the left forehead, which the daughter attributes to the fall. Which of the following is the best next step in the care of this patient?

A. Interview the patient alone

B. Notify adult protective services

C. Order an occupational therapy assessment

D. Place a referral for home health care services

E. Recommend a caregiver support group for the daughter

F. Schedule frequent follow-up appointments with primary care provider

Submit

An 84-year-old woman is brought to the emergency department by her daughter after falling and hitting her head on the bathroom sink. Her medical conditions include hypertension and cerebrovascular accident with mild residual weakness on the left side. She lives with her daughter, who is her primary caregiver. As the physician interviews the patient, the daughter interrupts and answers all the questions while the patient remains quiet. The daughter describes concerns about worsening fecal incontinence and says, "I am constantly cleaning her up; it's exhausting." When the patient is asked directly how she feels, she replies, "I don't know," and defers to her daughter for a response. On physical examination, the patient appears sad and disheveled. There is a bruise on the left forehead, which the daughter attributes to the fall. Which of the following is the best next step in the care of this patient?

- ✓ A. Interview the patient alone (86%)
- B. Notify adult protective services (10%)
- C. Order an occupational therapy assessment (0%)
- D. Place a referral for home health care services (1%)
- E. Recommend a caregiver support group for the daughter (0%)
- F. Schedule frequent follow-up appointments with primary care provider (0%)

Omitted
Correct answer
A

86%
Answered correctly

02 secs
Time Spent

02/16/2020
Last Updated

Explanation

Elder abuse, neglect, and exploitation (collectively, elder mistreatment) are very common in domestic and institutional settings. Health professionals who care for the elderly have a legal and ethical obligation to identify victims and intervene when mistreatment is suspected.

Explanation

Elder abuse, neglect, and exploitation (collectively, elder mistreatment) are very common in domestic and institutional settings. Health professionals who care for the elderly have a legal and ethical obligation to identify victims and intervene when mistreatment is suspected. Physicians should be alert for physical and psychological signs of elder mistreatment, such as bruises on unusual sites, evidence of neglect, and findings inconsistent with the history.

Interactions between the elderly patient and the caregiver should also be carefully observed, and if there is reason to suspect intimidation or mistreatment, the **patient** should be **interviewed alone**. Even cognitively impaired adults can frequently communicate useful information about their quality of care. Once the physician and patient are alone, the following 3 questions can serve as a brief screen for elder mistreatment:

1. Do you feel safe where you live?
2. Who prepares your meals?
3. Who handles your checkbook?

Based on physical examination and history that includes a one-on-one interview with the patient, a health care worker should **promptly report suspected elder mistreatment**.

(Choice B) Suspected elder mistreatment should be reported to adult protective services after careful evaluation and documentation of findings that support mistreatment, including the history (which includes interviewing the patient alone) and a thorough physical examination. In this case, an attempt to interview the patient alone is the next step. Reporting would be warranted if the patient reports mistreatment or if the daughter refuses to allow the physician to speak privately with the patient.

(Choices C and D) Occupational therapists can help with safety evaluations to assess the physical environment of the home and provide recommendations for supporting patients in performing activities of daily living (eg, bathing, dressing). Home health care services work in the home to delay or prevent patients from having to move to another location for a higher level of care (eg, assisted living, nursing home). Although these services may be helpful for this patient, a careful evaluation for elder mistreatment takes priority.

(Choice E) Burnout is common in individuals caring for an aging family member, so a caregiver support group may be helpful for the patient's daughter; however, this recommendation would not take priority over assessing the patient's safety at home through a one-on-one interview.

(Choice F) Although more frequent follow-up may be indicated from a medical or cognitive standpoint, elder mistreatment must first be ruled out;

Explanation

Elder abuse, neglect, an
professionals who care fo
Physicians should be aler
findings inconsistent with

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Exhibit Display

Elder abuse	
Risk factors	• Female • Dementia, chronic mental illness • Functional impairments • Social isolation • Shared living environment • Poor socioeconomic status/financial stress
Manifestations of abuse	**Physical & sexual abuse** • Atypical abrasions, lacerations, contusions, fractures • Pain not consistent with reported etiology • Anogenital injuries • Newly acquired STI
	Psychological & verbal abuse • Change in behavior/personality • Depression/anxiety
	Neglect • Inadequate nutrition or hydration • Pressure injuries • Deterioration in comorbid conditions

Add To New Card | Existing Card

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Exhibit Display

	• Shared living environment • Poor socioeconomic status/financial stress
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	Psychological & verbal abuse • Change in behavior/personality • Depression/anxiety
	Neglect • Inadequate nutrition or hydration • Pressure injuries • Deterioration in comorbid conditions
	Financial exploitation • Failure to adhere to medication regimen • Multiple missed appointments • Unpaid expenses or rent payments

STI = sexually transmitted infection.

Add To New Card | Existing Card

2. Who prepares your meals?
3. Who handles your checkbook?

Based on physical examination and history that includes a one-on-one interview with the patient, a health care worker should **promptly report suspected elder mistreatment**.

(Choice B) Suspected elder mistreatment should be reported to adult protective services after careful evaluation and documentation of findings that support mistreatment, including the history (which includes interviewing the patient alone) and a thorough physical examination. In this case, an attempt to interview the patient alone is the next step. Reporting would be warranted if the patient reports mistreatment or if the daughter refuses to allow the physician to speak privately with the patient.

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(Choice F) Although more frequent follow-up may be indicated from a medical or cognitive standpoint, elder mistreatment must first be ruled out; follow-up appointments would not prevent ongoing mistreatment.

Educational objective:
Clinicians have a legal and ethical obligation to report elder abuse, neglect, and exploitation. If there is reason to suspect possible mistreatment, the patient should be interviewed alone to avoid intimidation by potential perpetrators.

References

- Elder abuse: systematic review and implications for practice.
- Diagnosis of elder abuse in U.S. emergency departments.

Behavioral science Social Sciences (Ethics/Legal/Professional) Elder Abuse & Neglect